Appendix C
SELECTED RESOURCES RESEARCH FOR PRIORITY STRATEGIES

STRATEGY 1

Parent Education and Support

Establish a comprehensive education and support program for parents and all other primary caregivers.

Parent education/peer support programs

PROGRAM OVERVIEW

This summary is based on telephone interviews and material review concerning the following key parent education services for children and families:

- Almaden Valley Youth Counseling Service
- Alum Rock Counseling Center, Inc.
- Family Service Mid-Peninsula
- La Leche League
- Stepfamily Association of America
- YWCA in Santa Clara Valley Villa Nueva
- Mountain View-Los Altos Adult School
- Families Adopting in Response (FAIR), Inc.
- Parents Leadership Institute
- YMCA of Santa Clara Valley Multicultural Services—Project Familia
- Center for Family Development
- Las Madres Neighborhood Playgroup Inc.
- Children's Health Council
- Alternative Parenting Education
- Family Resource Centers (Nuestra Casa, Ujirani, Asian Pacific)
- Parents Helping Parents

Many organizations and agencies offer parent education programs. Counseling services that serve children and families frequently offer periodic classes, as do a number of adult schools. Programs are usually offered according to age (e.g., parenting the infant, parenting the toddler, etc.), but some are offered for specific topics (e.g., dealing with difficult behavior). Some of these services partner or contract with school districts to offer parent education classes at school sites. Parent education is sometimes among a range of services offered by multiservice agencies (such as the family resource centers, YMCA, YWCA, etc.).

Fees range from a sliding scale to approximately $10 per class. Although most programs are offered in English, some organizations do offer parent education classes in other languages (primarily Spanish), depending on their location and the primary clientele served and often as part of a monolingual service program (such as Project Familia).

In addition to parent education programs, several organizations offer various types of support groups. Programs established to provide support around a specific topic (La Leche League provides assistance with breastfeeding, for

example) often serve as ongoing support groups. The Las Madres playgroup model—with playgroups established according to city and age of the child—often provide significant long-term support for mothers.

Parents Helping Parents (PHP) offers a range of parent education and support services specifically targeted at families with children with disabilities. Partnering with a wide variety of other organizations, such as Kaiser Permanente and the family resource centers, PHP is able to offer programs throughout the county and is a considered a model program nationally.

PROGRAM STRENGTHS

- Bringing parents face to face helps them establish relationships with one another.
- Creating an open format that gives parents the opportunity to discuss their problems allows programs to be tailored to parents' special needs.
- Providing bonding activities ("mentors," newborn visits from experienced parents, newborn gifts) among parents whose newborns have disabilities reduces their fears and provides them with a source of comfort.

SERVICE GAPS

- Most parent education programs do not have formal programs to follow up with families and reinforce their education.
- Parents say they would like drop-in programs, but they rarely use them.
- Lack of transportation is an issue for some parents.
- All schools would offer parent education programs if they could afford it.
- Many more parents' request parent education than agencies can handle, especially in North County. There is also a very strong need in the Vietnamese community.
- Not enough parent education is available in languages other than English. Parent education programs need more diverse staff to provide culturally appropriate programs and conduct community outreach.
- It is difficult to get parents to realize that parent education is a good thing whether or not there is anything "wrong." There is a perception that you must have a problem before you take a parent education class.

Family literacy

PROGRAM OVERVIEW

The following summary is based on five telephone interviews conducted with Even Start Family Literacy program directors from the:

- Alum Rock School District (120 primarily Latino families with 400 children)
- Campbell Union Elementary School District (25 to 30 Latino families)
- Gilroy Unified School District (40 Latino families)
- Luther Burbank Unified School District (25 Latino families)
- Mt. Pleasant Elementary School District (35 primarily Latino families)

Found throughout the county, Even Start programs are located in school facilities within their respective districts (typically elementary schools). To enroll in the program, families must agree to participate in four mandatory components:

- Adult Education/Literacy
- Parent Education
- Early Childhood Education

- Parent and Child Together

Families are eligible to receive services if they are low-income and have children under 8 years of age. Typically, families are referred by a counselor, psychologist, teacher, etc. (thereby indicating a potential need). Hours of service vary by program but are always available during weekdays, often on evenings and rarely on Saturdays. At each site, the programs are bilingual (English and Spanish), reflecting the ethnic and language diversity of the clientele. The program is typically full at each site, with ongoing waiting lists.

Each program cultivates a variety of partners with other nonprofit groups and organizations in an effort to achieve sustainability. Initial funding is through federal and state grants. With a goal of sustainability, each program seeks to diversify its funding to include public grants as well as private contributions.

PROGRAM STRENGTHS

- Focusing on the entire family, in terms of early childhood education, parent education, adult literacy and parent/child time together.
- Starting young! Instilling the value of literacy in the family—children and parents.
- Being located on a school site (easy for children and easy for parents to attend classes and participate).
- Tailoring classes and lesson plans to reflect the family's needs and situation.
- Retaining a consistent staff to establish a relationship and trust with the families.
- Establishing and maintaining good communication with principals and school faculty.
- Establishing and maintaining strong collaborations with other service providers (such as Healthy Start).
- Securing diverse funding sources to achieve sustainability.
- Providing linguistically and culturally appropriate services and materials (maintaining a fully bilingual staff).
- Partnering with public, private and nonprofit organizations and agencies, in terms of funding, resources and services (Adult Education, schools, etc.).
- Partnering with taxi companies (for example) to provide convenient and affordable transportation alternatives.

SERVICE GAPS

- Improve access to affordable mental health care providers.
- Provide support to families in "survival mode" (trying to maintain two jobs and attend evening classes can overextend the whole family).
- Secure facilities to accommodate the program (not enough space at school sites to accommodate school programs and Even Start programs).
- Provide additional support groups (to mothers, fathers, siblings and families).
- Reach and retain groups of people who are typically reluctant to use services to participate due to linguistic, cultural and/or citizenship considerations.
- Reach and retain groups of people who "drop-out" due to mandatory requirement to complete the adult education component of the program (learning English is difficult as an adult, needing to work a second job is critical to family survival, etc.).
- Provide services to immigrant families who do not qualify for Temporary Assistance to Needy Families (TANF) and therefore *fall*

through the cracks. (Note: Some families may qualify to receive Refugee Assistance.)

- For families new to this country, provide parent education on "household management," such as how to help children learn and to "navigate" the system (medical, health care, hospitals, etc.).
- Address the high number of residents in East County who do not stay with the program (they move because rents are increasing beyond means, or because they need to work additional hours to afford increased rents).
- Increase *affordable* programs in East County.
- Improve outreach to the African-American community.
- Recognize the value and importance of "father" involvement.
- Diversify funding to achieve sustainability.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.

Youth and teen programs

PROGRAM OVERVIEW

This summary is based on telephone interviews and material review concerning the following key teen parent education services for children and families:

- Bill Wilson Center
- Catholic Charities Youth Empowered for Success (YES)
- Adolescent Family Life Program—Cal Learn

The AFLP—Cal Learn program provides support services and comprehensive case management to pregnant and parenting teens until their 20th birthday. Services include case management, home visits, health education, information and referral, and supportive counseling services. The program also includes assistance with fiscal incentives for teens receiving a TANF grant to stay and succeed in school.

Catholic Charities YES also offers parenting classes for teens at several school locations where other YES programs also operate. The Bill Wilson Center offers teen parenting education as part of its residential program.

PROGRAM STRENGTHS

- Emphasizing reducing effects of peer pressure are more successful with teens.
- Education paired with drop-in assistance at school sites establishes relationships with counselors and provides a higher comfort level for teen parents.

SERVICE GAPS

- Few parent education and support services are available to teen fathers.
- It is difficult to get the parents of teen parents involved in their education process. Classes for this group would be helpful.
- Most programs are underfunded and understaffed.

Foster/adopt parental assistance

PROGRAM OVERVIEW

The following summary is based on four telephone interviews with:

- Program manager(s) from the County's Social Services Agency
- Families Adopting in Response (FAIR), Inc.
- President of the Santa Clara County Foster/Adopt Association

The Santa Clara County Social Service Agency has about 400 licensed county foster care homes and a caseload of 4,330 dependent children of the court, of which about 50 percent are under the age of 6. Approximately 2,700 to

2,900 children are placed out of their homes (staying with relatives, in foster homes or in the children's shelter, for example). These children are placed into protective custody due to abuse and/or neglect and are considered to be *in crisis.*

The Department operates during the weekday and coordinates with the children's shelter during the weekend (the shelter has 130 beds; currently there are approximately 155 children in the shelter). Services are primarily provided in English, although bilingual staff is available as needed. Since there is an enormous shortage of licensed foster care homes in Santa Clara County, the Department coordinates placement efforts with 15 to 20 nonprofit agencies in the county who have licensed homes. To respond to the varying needs of the children and families, the Department collaborates with the departments of Mental Health and Public Health.

The Santa Clara County Foster/Adopt Association, a nonprofit organization (and part of a statewide association), provides support services and assistance to foster and adoptive parents. Relying on $25 annual membership dues and donations, this organization holds monthly meetings, produces a quarterly newsletter and organizes various activities and events to better connect foster and adoptive families. Current membership is 125 families.

Families Adopting in Response (FAIR), Inc. is also a nonprofit organization run completely by volunteers to serve the needs of adoptive parents. Annual dues are $15 to $30 per year. FAIR provides referrals for a range of services and phone support for parents facing challenging behavior. Monthly support meetings often feature guest speakers. Many members are part of transracial families, but foreign language assistance is not available. FAIR is also part of a three-year collaboration with several other agencies and funders to pilot a post-adoption services model.

PROGRAM STRENGTHS

- Staying in communication with the families (so emergency foster care families know they have support and someone to listen).
- Collaborating with county nonprofit agencies to meet the unmet demand for foster care placements.
- Establishing support programs not based on deficits and that emphasizes the positive, are more helpful to adoptive parents.

SERVICE GAPS

- Increase number of foster families to reflect the demographics of children in care (the need for additional Latino, African-American and Asian-Pacific Islander families was noted).
- Increase mental health care support for foster parents to address family impacts (such as birth family visitations, lack of transportation, reduced income, etc.).
- Increase financial compensation for foster parents.
- Provide child care subsidies to foster families.
- Provide vans for county social workers to assist families in transporting children for visitation with birth families.
- Develop an ongoing media campaign to build awareness for the need for foster families.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.

STRATEGY 2

One-Stop Family Resource Centers

Develop a comprehensive, coordinated system of one-stop service and family resource centers to provide information and assistance with all types of health, child care, parent education and other needs, including outreach and referral services.

Family resource centers

PROGRAM OVERVIEW

The following summary is based on four telephone interviews with site directors of the county's Family Resource Centers (FRCs):

- Asian Pacific Family Resource Center (14,400 clients per year; serving East San Jose).
- Gilroy Family Resource Center (temporarily located in the *Employment Service Center*—data not available; serving South County)
- Nuestra Casa Family Resource Center (10,000 clients per year, serving East San Jose)
- Ujirani Family Resource Center (8,000 clients per year; serving San Jose)

FRCs are open to all community members and offer programs and services such as parent education, education and support groups, crisis intervention, counseling, mentoring, tutoring, citizenship, literacy and ESL classes, cultural dance, youth employment and homework centers. Each FRC is open during the week, in the evenings and on Saturdays. Services are available in English and Spanish. As needed, additional languages are provided to reflect the ethnic composition of the clientele (Cambodian, Japanese, Korean, Filipino, etc.). Parenting classes are typically full at each site, with ongoing waiting lists. Each FRC partners with a variety of public and nonprofit groups and organizations. Funding is provided through the state's Family Preservation Funds.

PROGRAM STRENGTHS

- Being located in the neighborhood makes it easier for the community to access the resources; feel connected to each other and builds relationships with staff.
- Providing programs, such as leadership development, for children and youth.
- Securing diverse funding sources to achieve sustainability.
- Providing linguistically and culturally appropriate services and materials.
- Partnering with public, private and nonprofit organizations and agencies, in terms of funding, resources and services.

SERVICE GAPS

- Improve access to affordable mental health care providers.
- Provide safe, convenient and reliable transportation options.
- Provide additional parenting classes (typically full, with continuous waiting lists).
- Address the substantial "drop-out" rate for parents mandated to complete a parenting class.
- Reach more parents with children under 5 years old, particularly for child development education.
- Conduct outreach to population groups not currently using the centers (such as parents with children under 5 years of age and teenage mothers).

- Reach and retain groups of people who are typically reluctant to use services to participate due to linguistic, cultural, and/or citizenship considerations.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.
- Expand staffing and services to meet the needs of the community, such as:
  - Anger management for teenagers;
  - Fathers' support groups;
  - Mothers' support groups;
  - Teenage pregnancy prevention classes;
  - Youth leadership;
  - Child development classes for teenage mothers;
  - Rites of Passage for families, particularly African-American teenage boys;
  - Mentoring for African-American children; and
  - Connecting youth and seniors.

Self-sufficiency centers

The following summary is based on seven telephone interviews with representatives from the following Neighborhood Self-Sufficiency Centers (NSSCs):

- Adelante Familia—Gilroy (80 client families per year)
- East San Jose Self-Sufficiency Center—San Jose (data not available)
- Employment Service Center (the "one-stop resource center in Gilroy which currently houses Adelante Familia, as well as many other service organizations and providers") (18,000 to 20,500 clients per year).
- Neighborhood Self-Sufficiency Network—San Jose (100 client families per year)
- North County Consortium—Santa Clara (80 to 90 client families per year)
- ResourceNET—San Jose (data not available)
- Steps to Success—San Jose (106 client families per year)

These centers are designed to serve CalWORKs and former CalWORKs families by offering services to promote and sustain self-sufficiency. The NSSCs offer a wide variety of employment, family support, and employment and retention services. In addition to having weekday hours of operation, most centers offer evening and weekend hours to serve working families. Each center offers services in languages appropriate to the clientele (Spanish, Vietnamese, Cambodian, Filipino, Cantonese and Mandarin). Each center can accommodate additional clients, although when child care is provided, the slots are typically full. Each center partners with various public and nonprofit organizations. Funding comes from a variety of federal, state and county grants.

PROGRAM STRENGTHS

- Providing one-on-one service appears to lessen the client "drop-out" rate.
- Establishing multiple partners and collaborations enables the center to provide additional services and programs (colleges, adult education, etc.).
- Providing linguistically and culturally appropriate services and materials.

SERVICE GAPS

- Improve access to affordable mental health care providers.
- Improve access to affordable housing.

- Recruit *eligible* families who are typically reluctant to use services due to linguistic or cultural considerations (understanding and using transportation, navigating "the system," etc.).
- Conduct outreach to African-American and Latino families eligible for services.
- Provide support for customers finding it difficult to afford housing and child care; consequently, many continue to live "on the edge" despite efforts to achieve and sustain self-sufficiency. (Note: A notable number of clients use Community Coordinated Child Care Council for child care referrals.)
- Diversify funding to be able to legally serve low-income, non-TANF/CalWORKs families (i.e., families with very low wages, but who do not qualify for TANF). These families would benefit from similar types of support services offered at the centers (job readiness, skill upgrades, etc.), but cannot afford such training.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.
- Expand staffing and services to meet the needs of the community, such as:
  - Outreach to employers;
  - Client peer networks to provide additional and sustainable support;
  - Affordable choices for families with low-income;
  - Underserved populations such as women surviving domestic violence and women with small children; and
  - Homeless families and those at risk for homelessness.

Columbia Neighborhood Center

PROGRAM OVERVIEW

The following summary is based on a telephone interview with the center's site manager.

Located in Sunnyvale, the Columbia Neighborhood Center serves the entire North Sunnyvale community. All families are eligible for services and to participate in programs. The center operates seven days a week throughout the year. A wide range of services and activities are provided, including adult education programs (such as literacy, English as a second language and citizenship classes), legal service bicycle safety programs, youth employment, free immunization, routine physicals, well-child exams, counseling, sports and recreation, after-school programs, drop-in gym for youth and adults, family night, housing assistance and a bookmobile. With the exception of counseling and recreational programs (which are sliding scale), all services are free. The center collaborates with various public, private and nonprofit organizations. Funding comes from public (state and city) grants and private donations.

PROGRAM STRENGTHS

- Responding to needs and preferences of the community (open gym, drop-in center, adult education, immunization, etc.).
- Providing free or sliding scale fee structure for recreational programs.
- Offering services in-kind (other agencies) minimizes the cost to both the city and the district.
- Providing linguistically and culturally appropriate services and materials.

SERVICE GAPS

- Improve access to affordable mental health care providers.
- For youth, establish additional programs and hours of operation, as well as transportation options (currently underserved).

- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.

Healthy Start Programs

PROGRAM OVERVIEW

The following summary is based on telephone interviews conducted with 10 Healthy Start Program Directors representing:

- Alum Rock Unified School District (100 clients per year)
- Campbell Unified Elementary School District (430 clients per year)
- Campbell Unified School District (35 clients per year)
- East Side Union High School District (300 to 400 clients per year)
- Franklin-McKinley School District (500 clients per year)
- Moreland School District (250 clients per year)
- Mt. Pleasant School District (100 clients per year)
- San Jose Unified School District (1,200 clients per year)
- Santa Clara Unified School District (270 clients)
- Sunnyvale School District (data not available)

Found throughout the county, Healthy Start Programs are located in school facilities within their respective districts (typically elementary schools). The program's goal is to help improve the academic status of the students. Although each site tailors its program to address the needs of its client base, services typically include a combination of tutoring, mentoring, individual and group counseling, parent education, nutrition, cultural enrichment, after-school programming, gang intervention, violence prevention, truancy prevention, youth leadership development, case management and parents' needs assessments.

All families are eligible to receive services. The program operates primarily during weekdays and evenings (for parent education classes). As the need arises, some sites offer Saturday service. The programs are bilingual and sometimes multilingual, to reflect the ethnic and language diversity of the clientele. The programs are generally at capacity, with ongoing waiting lists. Each program enjoys a varying level of collaborations with other partners such as law enforcement and public health agencies, churches, family and children service providers, community colleges and private businesses. Initial funding is through State Department of Education grants. With a goal of sustainability, each program seeks to diversify its funding to include public as well as private sources.

PROGRAM STRENGTHS

- Building a trusting relationship between school faculty and counselors and the Healthy Start staff.
- Serving high-risk, high-need children and youth.
- Tailoring the program to the individual uniqueness of each family.
- Retaining a case manager to serve the clients and a coordinator to administer the program (this enables the case manager to focus on *care* rather than paperwork).
- Building on existing resources in a community to increase sustainability (community organizations, parents, businesses, etc.).

SERVICE GAPS

- Improve access to affordable mental health care providers.

- Reach and retain groups of people who are typically reluctant to participate due to linguistic, cultural and/or citizenship considerations.
- Ensure preschool children graduate "kindergarten-ready."
- Locate programs and services near where the children will be attending school—*keep them in their neighborhoods*.
- Work with parents who are new to this country to help them understand and value the importance of education and of youth graduating from high school—inspire a stronger commitment to formal education.
- Diversify funding to achieve sustainability.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.

STRATEGY 3

Information And Referral

Create a comprehensive, countywide information and referral system.

On-Line Service Directory

PROGRAM OVERVIEW

This summary is based on six telephone interviews with information and referral organizations, including:

- Community Technology Alliance
- Community Coordinated Child Care Council (4Cs Council)
- Choices for Children
- Mayfair Initiative
- PEARLS Program
- Red Cross

Community Technology Alliance

The goal of the Community Technology Alliance (CAT) information and referral system is to create an up-to-date online directory of health and human services in the county. This service, available countywide, uses technology tools to link agencies in the region to more effectively deliver services to at-risk populations. Currently available in English, service will eventually expand to other languages. CAT collaborates with a variety of nonprofit family and community service organizations. Last year, CAT made 10,000 to 11,000 referrals through schools, churches, libraries, etc., and 4,000 specifically to 501(c)(3) organizations. Funding is provided through the Santa Clara County Board of Supervisors, the City of San Jose and the Packard Foundation.

Community Coordinated Child Care Council (4Cs Council)

The 4Cs Council's information and referral system for families, providers and public agencies is available either in person (at one of the sites) or by telephone. Although the service is available countywide, very few calls are received from South County. This service provides technical assistance (housing, food, transportation, etc.), as well as referrals for child care, camps, schools, nanny agencies, etc. Information is available in English, Spanish and Vietnamese (through resources within the organization). The Council collaborates with a variety of nonprofit family service organizations. Funding is from the State Department of Education. Last year, the Council made 11,000 referrals and helped about 2,800 people with technical assistance.

Choices for Children

The Enhanced Resources and Referral Department at Choices for Children covers a number of topics such as child development, education and family issues. Corporations in the county contract with this organization to provide improved "work-life benefits" for their employees. Information is available in English, Spanish and Vietnamese. Since this service is contracted by private companies, collaborations with other agencies are not relevant. Funding is derived from private consulting fees. In general, this service has a 3 percent utilization rate for each city's population size; currently there are 250 Silicon Valley companies under contract.

Mayfair Initiative

The Mayfair Initiative established a team of public health nurses who conduct person-to-person outreach to Mayfair Neighborhood residents regarding safety and crime, housing, arts and culture, economic development, beautification, community-building, and health and human services (to 1,600 households with 6,500 residents). The program operates weekdays, evenings and weekends, depending on the needs of the community. Information is available in languages reflecting the cultural diversity of the neighborhood (English, Spanish, Vietnamese, Cambodian). The program collaborates with other community and family service organizations such as law enforcement, parks and recreation, council and supervisors' offices. Funding comes from a variety of public grants and private foundation donations.

PEARLs

PEARLs' information and referral system—the Parent Resource Line—is available by telephone. Topics focus on parent education classes and youth services. The program operates during weekdays (with a 24-hour voice mail service) and is available in English and Spanish (the need to expand to Vietnamese was noted). Many agencies ask to be placed in the database. PEARLs does not collaborate with other organizations to provide this service. The program primarily serves the San Jose area, but also extends north toward Campbell and Santa Clara. The City of San Jose provides funding.

Red Cross

The Red Cross' information and referral system for families, providers and public agencies is available either in person or by telephone. Topics primarily include housing, food and clothing. The service operates during weekdays and is available in English and Spanish. The Red Cross has no partners. The program serves Palo Alto, Mountain View, Los Altos, Los Altos Hills and the Moffett Field area. Funding is based on city grants and corporate and private donations. Last year, 1,500 to 1,800 referrals were made.

PROGRAM STRENGTHS

- Connecting countywide services and resources with families and children.
- Providing information in various forms, suitable to a variety of audiences (a multilayered approach including online service, desktop kiosks, telephone service and person-to-person contact) at specific locations within the community (schools, libraries, churches, etc.).
- Providing access to personal counselors who can help develop a plan *specific* to the needs of the family as well as providing online child care referrals.
- Providing critical services to help families access child care and other technical assistance (referrals for housing, food, transportation, etc.) that helps Silicon Valley companies recruit and retain quality employees.
- Securing diverse funding sources to achieve sustainability.

- Providing linguistically and culturally appropriate services and materials.
- Partnering with public, private and nonprofit organizations and agencies, in terms of funding, resources and services.

SERVICE GAPS

- Improve access to affordable mental health care providers.
- Diversify funding to achieve sustainability.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.

Ambassador Program

PROGRAM OVERVIEW

The following summary was based on a telephone interview with the manager of child care and family services for the City of Palo Alto. The Ambassador Program is one of four elements of the City of Palo Alto's information and referral program (website, desktop kiosks, on-site locations such as libraries and churches and the ambassadors). Information is organized around the following eight components:

- Emergency/crisis
- Basic needs
- Child care
- Community resources
- Disability resources
- Education
- Health care
- Mental health and counseling

The goal of the Ambassador Program is to connect services and resources with residents of Palo Alto, through person-to-person contacts and connections. During a six-month period, 25 people—reflecting diverse professional and personal backgrounds—complete 24 hours of training in the eight components identified above. This group of "front line" ambassadors is then available to respond to needs and concerns of the community, using information learned and shared during the trainings.

The Ambassador Program collaborates with many human service organizations (PTA, homeless shelters, YMCA). Funding is provided through the City of Palo Alto and a private foundation.

PROGRAM STRENGTHS

- "Building community" through focused one-on-one contacts.
- Assembling a diverse set of people (PTA members, librarians, school district representatives, nonprofit directors, etc.) who provide a wide variety of expertise and resources to the community.
- Improving the level of understanding and knowledge between the different areas of expertise that increases the program's ability to grow, as well as its likelihood of success and sustainability.
- Securing diverse funding sources to achieve sustainability (since it is not a direct service, it can be difficult to receive funding from foundations).
- Providing linguistically and culturally appropriate services and materials.

SERVICE GAPS

- Although initially targeted for families with children 0 to 5 years of age, the program will need to "grow" as the children grow up. In addition, it is difficult to limit the program to this age group because families with children of all ages can benefit from this service.

- Continue to find ways to build community and help people feel less isolated.
- Diversify funding to achieve sustainability.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.

STRATEGY 4

Locally Available Health Services

Foster and strengthen a network of locally available health services that will provide a more accessible, customer-oriented system of care for all county residents.

PROGRAM OVERVIEW

This summary is based on telephone interviews and material review concerning the following key health services for children and families:

- School-Linked Services
- School Health Centers
- Community Health Clinics
- Community Health Partnership
- Comprehensive Perinatal Services Program
- Black Infant Health Program
- Child Health and Disability Prevention Program
- California Children Services
- Early Start
- Immunization Program
- Outreach Services
- Health Trust
- Santa Clara County Public Health Nursing

School-Linked Services

School-Linked Services, initiated in 1994, provides comprehensive health services—prevention, intervention, treatment and referrals—to school children at three "clusters" of schools in San Jose/Campbell, Mountain View/Palo Alto and Gilroy. Each cluster normally consists of seven schools and 7,000 to 12,000 students. The program focuses on elementary and middle schools that feed into one high school in order to provide continuous services throughout a child's development. The approach is to use a multidisciplinary team to identify and treat all health issues in order to maximize learning. School-Linked Services provided 12,000 services in the last school year (many families receive multiple services during a year). Services are provided in English, Spanish and Vietnamese with other language assistance as needed. The services are open weekdays and evenings. The program currently plans to add two more clusters in the next one to two years. It is operated by the Santa Clara County Health and Hospital System with funding from the county general fund.

School Health Centers

School health centers provide primary health care—exams, injuries, immunizations, etc.—to children at 10 school sites in San Jose (Central and East Side), Campbell and Gilroy. In addition, a district-wide health center is operated at the Franklin-McKinley district office in San Jose. At elementary school sites, services are for enrolled children and their siblings plus neighborhood children. At high school sites, services are for enrolled students only. The program provides primary health care including immunizations, exams, injury treatment and dental care. School health centers serve 3,800 children annually who make 11,000 visits. The centers are open on weekdays with two sites offering evening hours. Staff speaks English, Spanish and Vietnamese. School health centers are operated by the Health Trust with funding from the

Health Trust, Medi-Cal, CHDP and foundation grants.

Community Health Clinics

Thirty-four community health clinics (including the school-linked services and school health centers, above) provide health care for more than 650,000 patient visits annually in the county. The clinics are in San Jose, Palo Alto, Mountain View, Gilroy, San Martin and Sunnyvale. The clinics provide general medical services (information, health insurance application assistance, family planning and teen health services), preventive care (exams, screening, flu shots) and prenatal/infant care (immunizations, well-baby checkups, WIC). In addition, some clinics provide dental care, vision care, mental health counseling and on-site pharmacies. Staff are proficient in the key languages spoken in the surrounding community. The 34 clinics are operated by nonprofit organizations and the Santa Clara County Health and Hospital System with a combined budget of $81 million per year. Fees are based on what the patient is able to pay.

Community Health Partnership

The Community Health Partnership, initiated in 1993, is a collaborative organization that provides direct financial assistance and services to community health clinics in order to strengthen the healthcare safety net for the medically underserved. The Partnership subcontracts about half of its $1.3 million annual budget directly to member entities for primary and preventive healthcare. The other half of the funds are used for advocacy for health system change, legislation monitoring and response, identification and securing of clinic funds, collaboration with policy makers, training, community health campaigns and professional education and support for providers. The partnership's membership includes East Valley Community Clinic, Gardner Family Health Network, Indian Health Center, Mayview Community Health Center, Planned Parenthood, San Jose School Health Centers, the City of San Jose and the Santa Clara Valley Health and Hospital System. It is funded by government (45 percent), foundations (44 percent), contributions (4 percent), member dues (3 percent) and other sources (3 percent).

Comprehensive Perinatal Services Program (CPSP)

The Comprehensive Perinatal Services Program (CPSP) is a Medi-Cal funded program that provides enhanced reimbursement to certified providers for perinatal services. Services to clients include patient orientation, assessment/interventions in obstetrics, nutrition and health education, case coordination, vitamin and mineral supplements, and parent education. The program serves Medi-Cal–eligible pregnant and postpartum women (up to two months postpartum). The goals of the program are to decrease the incidence of low-birthweight infants, improve the outcome of every pregnancy and give every baby a healthy start in life, and lower health care costs by preventing catastrophic and chronic illness in infants and children. CPSP providers in Santa Clara County include physicians, physician groups, community clinics, hospital-based clinics and the Santa Clara Valley Health and Hospital System.

Black Infant Health Program (BIH)

The Black Infant Health Program provides culturally sensitive case management, outreach, follow-up support and empowerment services to pregnant African-American women and their families. Services include case management, home visits, health education and counseling, nutrition information, social support and other assistance.

Child Health and Disability Prevention (CHDP) Program

The CHDP program provides reimbursements to clinics and physicians for comprehensive health assessments and referrals for children (including hearing, vision, tuberculosis and lab tests) plus immunizations. The program focuses on early detection and prevention of disease and disabilities in children. Eligible children include Medi-Cal–eligible children (under 21 years) including foster care children, children under age 19 who are not eligible for Medi-Cal with family incomes below 200 percent of the federal poverty level, and children attending Head Start and state preschools. Free CHDP exams are provided to eligible children at regular intervals. Children ages 3 to 18 on Medi-Cal also are eligible for free dental check-ups once a year as well as needed dental treatment. CHDP is funded by the State of California and operated by the Santa Clara Valley Health and Hospital System.

California Children's Services

The California Children Services (CCS) program provides specialized medical care and rehabilitation for children with special health care needs. Services include diagnostic evaluations, treatment for disabling conditions, physical and occupational therapy, and medical case management. Children under 21 years of age are eligible if their family income is equal to or less than $40,000 a year or if the family's out-of-pocket medical expenses for the eligible child will exceed 20 percent of income. Children who have a CCS medically eligible condition and are in the Medi-Cal program are eligible for CCS case management and other services not covered by Medi-Cal. Children with private health insurance coverage must use that coverage first, with CCS as the payer of last resort.

Early Start

The Santa Clara County Early Start program provides early intervention services and assessment of a child's motor skills, communication development, learning skills, social interaction and emotional development. Services are targeted for children 0 to 3 years of age, at their home or at a center site. When a child is determined to be eligible for Early Start services, an Individualized Family Service Plan (IFSP) is developed for both the child and the family. A wide range of intervention services are offered such as audiology, assistive technology devices, hearing services, family training/counseling, home visits, physical therapy, health and media diagnostic, nutrition counseling, occupational and physical therapy, respite, social work, speech and language services, transportation, vision and others as needed.

Services are offered during weekdays and are available in English, Spanish and Vietnamese. The program's current caseload, which includes the entire county, nears 730 children per year in 12 centers, and about 170 children with the Santa Clara County Office of Education at various school sites. These services are available countywide, although clients from South County area receive services primarily in the San Jose Center sites. The Early Start program is a collaborative effort between San Andreas Regional Center and the Santa Clara County Office of Education, as well as a consortium of other community agencies. The program receives federal and state grants.

Immunization Program

The Immunization Program provides pediatric immunizations at four clinics in the county (Sunnyvale, San Jose, East San Jose and San Martin). Services include free immunizations with no office fee until age 3, free immunizations with an office fee for children 3 to 18 years, health education, and outreach and information. The program includes multilingual education materials. No one is denied services for inability to pay.

Outreach Services

There are a number of outreach programs in the county that are working to increase families' access to health care. The Perinatal Outreach and Education Program promotes early access to health care services for pregnant and postpartum women and their children through door-to-door outreach, community canvassing and health presentations. The Healthy Outcomes Outreach and Care Coordination Project works to ensure that Medi-Cal managed care members are linked into the health care system through education, follow-up and referrals. The First Things First Coalition focuses on outreach that will increase family participation in the Healthy Families program. The Valley Community Outreach Services and Public Health Outreach both conduct Medi-Cal and Healthy Families outreach and assist with the application processes. The Family Health Insurance Project focuses on uninsured families, providing information and application assistance for Medi-Cal, Healthy Families, CHDP and other services.

Health Trust

The Health Trust is a nonprofit foundation that provides funding for health services and manages health projects serving children and families, including school health centers. Major health grants are channeled through hospitals, while smaller grants are provided directly to health providers.

Santa Clara County Public Health Nursing

Public health nurses provide services for high-risk or medically fragile pregnant women, parenting women, infants and young children. Services include case management for high-risk families, parenting classes, advice nurses and prenatal classes, plus health education, information and assessment on issues like postpartum depression and substance abuse. The Public Health Department provides these services through six regional offices: North County (Sunnyvale); East Valley (San Jose-McKee Road); Downtown (San Jose-Lenzen Avenue); West Valley (San Jose-Empey Way); Navarez (San Jose-Tully Road); and South County (San Martin).

PROGRAM STRENGTHS

- Providing health services at schools, community clinics and other local, accessible sites makes it easier for families to receive services.
- Partnerships between service providers and multidisciplinary teams allow a coordinated, customer-oriented approach.
- Mobile services that go into neighborhoods make it easier for families to obtain help.
- Outreach programs that target families who are not fully utilizing the health care system increase their access.
- A wide range of services focus on low-income and medically underserved families.
- The increasing use of prevention-based strategies reduces the need for other services.
- Programs that provide case management assistance make the complex system of services more understandable.

SERVICE GAPS

- Provide universal health insurance in the county.
- Offer successful, locally available health services in all parts of the county where they are needed.
- Provide transportation assistance, so families can access all health services, even those that are locally available.
- Standardize eligibility requirements for health programs to make it easier for families to understand and use all services to which they are entitled.

- Develop strategies to provide culturally competent services to the widely diverse families in the county.
- Provide enough community outreach workers and public health nurses to make home visits to all who need them.

STRATEGY 5

Nutrition

Enhance current programs to improve nutrition among children and families. Increase funding of these programs to serve more families who are not currently eligible.

PROGRAM OVERVIEW

This summary is based on telephone interviews and material review concerning the following key nutrition services for children and families:

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Comprehensive Perinatal Services Program (CPSP)
- Child Health & Disability Prevention Program (CHDP)
- Community Coordinated Child Care Council (4Cs Council) Child Care Food Program
- U.C. Cooperative Extension of Santa Clara County
- Breastfeeding Support Services
- Project L.E.A.N. (Leaders Encouraging Activity & Nutrition)
- CONCERN for Kids (Community Organized Network to Coordinate and Ensure Resources in Nutrition)
- Department of Nutrition, Santa Clara Valley Medical Center
- Ambulatory Care Valley Health Center
- California Children Services

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC provides vouchers for nutritious foods, nutrition education, counseling and referrals for pregnant and postpartum women (6 to 12 months) plus children under 5. WIC is operated at 13 local sites in San Jose (9 sites), Mountain View, Gilroy and Sunnyvale. The Public Health Department, Gardner Family Health Care clinics and the Indian Health Center run WIC sites. WIC serves more than 26,000 individuals a month. Individuals are eligible for WIC if they have a nutrition or health risk and are 185 percent of federal poverty level. Sites operated by the Public Health Department are open on weekdays only, while other sites are open on weekdays and weekends.

Services are provided in English, Spanish, Vietnamese, Farsi and American Sign with translator services available in other languages as needed. There is no waiting list for the program. Instead, when funding is decreased, individuals lowest on the priority list are bumped. Conversely, when funding is increased, services are extended to more eligible persons. WIC is operated with federal funding and administered through contracts between the State of California and the three Santa Clara County providers.

Comprehensive Perinatal Services Program (CPSP)

CPSP provides technical assistance and training in nutrition to perinatal providers and the community. (For a complete description of CPSP see Strategy 4.)

Child Health & Disability Prevention Program (CHDP)
CHDP provides nutrition consultation to CHDP providers and other professionals, performs nutrition outreach activities and collaborates with other nutrition professionals to expand nutrition services in the community. (For a complete description of CHDP see Strategy 4.)

4Cs Child Care Food Program
The Child Care Food Program provides nutrition education and assistance to family day care providers (both licensed and "licensed exempt") countywide. The purpose of the program is to improve the quality of food provided to children in the child care facilities. Facility inspections are included as a part of the services. The U.S. Department of Agriculture (USDA) and the State of California provide funding.

U.C. Cooperative Extension of Santa Clara County
U.C. Extension provides nutrition education through classes, workshops and home visits, newsletters, and home study courses. (The program also provides parenting education and other services for families.) Nutrition services are targeted to low-income and underserved groups, but are open to anyone. New immigrants are a particular focus. The program serves 1,500 families per year plus 4,000 children and youth per year. Services are provided on weekdays and evenings in English, Spanish and Vietnamese. U.C. Extension operates the program under funding from USDA, the University of California, Santa Clara County and various grants.

Breastfeeding Support Services
The Breastfeeding Task Force (coordinated by the Public Health Department) provides resource guides, Breastfeeding Awareness Week materials, education and lactation consultants/educators. The Public Health Department provides in-home lactation services. Telephone breastfeeding services are available in English, Spanish and Vietnamese through the Santa Clara Valley Health and Hospital System Breastfeeding Support Line. La Leche League and the Nursing Mothers Council operate other telephone services. Online assistance is available through *www.parentsplace.com* and *www.babycenter.com.* Breastfeeding specialists—experienced mothers with additional education, lactation educators and lactation consultants—are available in most parts of the county. Breastfeeding classes are provided by a number of hospitals.

Project LEAN (Leaders Encouraging Activity & Nutrition)
Project LEAN works to increase healthy eating and physical activity options in an effort to improve health and reduce the risk of chronic diseases. The project focuses on low-income families and teens. It is operated by the Department of Public Health.

CONCERN for Kids
(Community Organized Network to Coordinate and Ensure Resources in Nutrition)

CONCERN coordinated by the Public Health Department, assists individuals and agencies promoting nutrition and feeding resources and services for high-risk infants and children in Santa Clara County. CONCERN is composed of professionals who work with young children, particularly high-risk children. The group meets quarterly to network and update the resource and knowledge base. CONCERN is co-sponsored by the Maternal, Child and Adolescent Health Program and CHDP.

Department of Nutrition, Santa Clara Valley Medical Center
Provides inpatient hospital nutrition services (in-depth nutrition assessments and education,

staff training, etc.) and outpatient nutrition services (nutrition counseling at health clinics).

Ambulatory Care Valley Health Center

Provides in-patient and out-patient nutrition and breastfeeding services for perinatal women. Also provides nutrition-related classes to Santa Clara County Health and Hospital System patients and staff, nutrition counseling at Pediatric Specialty Clinics and on-call lactation services.

California Children Services (CCS)

CCS coordinates the Nutrition Clinic, which provides nutrition and feeding assessments and education to children with special needs and their families. (For a complete description of CCS see Strategy 4.)

PROGRAM STRENGTHS

- Building nutrition education into all health programs and services for children and families.
- Targeting low-income populations and other groups who may be at-risk nutritionally.
- Focus on breastfeeding, which has been proven to benefit young children and mothers.
- WIC provides direct assistance to families and children that improves their nutrition.

SERVICE GAPS

- Increase WIC funding, offer evening hours, and find a better South County location to reach more families and children.
- Develop strategies to provide culturally competent nutrition education to the widely diverse families in the county.
- Provide outreach to inform parents about nutrition services.

STRATEGY 6

Child Development Workforce

Expand and retain a highly qualified child development workforce.

Child care provider training

PROGRAM OVERVIEW

This summary is based on four telephone interviews with organizations currently providing training to child care providers, including:

- Choices for Children
- Community Coordinated Child Care Council (4Cs Council)
- Gardner Children's Center
- Silicon Valley Economic Development Corporation

Choices for Children

Choices for Children offers training to child care providers in San Jose. Classes are available largely in English and are held during the weekdays, evenings and weekends. Topics include business administration, child development and basic living skills. Last year, over 500 people completed the trainings, offered at three different sites. The program coordinates with the City of San Jose, local community colleges and other child care provider associations. Funding is provided through a variety of sources, including federal and state grants and private foundations.

Community Coordinated Child Care Council (4Cs Council)

The Council offers training for child care providers throughout Santa Clara County. Last year, nearly 500 people completed the trainings at four different sites. Classes, held during the evenings and on weekends, are offered in English, Spanish and Vietnamese. Classes

address child development, parent education, nutrition, contract administration, record keeping, business taxes, passenger safety and disaster training. The classes are part of the University of California at Davis child development curriculum (students travel to the county for coursework). The program coordinates with local community colleges, the Red Cross and the Silicon Valley Economic Development Corporation. Funding is provided through federal and state grants.

Gardner Children's Center

Primarily serving North and West County, the Center offers child care provider training primarily through the various community colleges, with some off-campus courses. Classes, available largely in English, are held during the weekdays, evenings and weekends. Topics include business administration, child development and child and family interrelationships. School tuition funds the program.

Silicon Valley Economic Development Corporation (SVEDC)

Primarily serving the North, West and Central County areas, SVEDC offers training to child care providers (CHIPS), focusing on low-income communities. Classes, available largely in English, are held during weekdays, with occasional Saturday workshops. Last year more than 100 people completed the trainings. Topics include business development and management, personal development, child development, staff motivation, lesson planning and behavior modification. In addition to the CHIPS program, the SVEDC collaborates with the 4Cs Council on other child care provider trainings. Funding is provided through a variety of sources, including state and county grants and private contributions.

PROGRAM STRENGTHS

- Providing classes that are easily accessible and available at a variety of times (weekdays, weekday evenings and weekends).
- Providing education to parents, as well as providers—*everyone benefits from understanding child development*.
- Coordinating with local colleges regarding child care development curriculum, provider trainings and resources.
- Recognizing, through various types of awards for quality, providers such as the Gold Seal Award (issued by Choices for Children).
- Securing diverse funding sources to achieve sustainability.
- Providing linguistically and culturally appropriate services and materials.
- Partnering with public, private and non-profit organizations and agencies, in terms of funding, resources and services.

SERVICE GAPS

- Provide safe, convenient and reliable transportation options.
- Identify ways to recruit more African-American and Vietnamese child care providers (very few existing child care providers, proportional to county demographics).
- Recruit and reach potential child care providers who are typically reluctant to use services to participate due to linguistic and cultural considerations (Vietnamese and African-American were noted).
- Recruit and reach potential child care providers who don't typically go "on campus" (due to intimidation, lack of transportation, lack of affordable child care, etc.).
- Recruit and retain people interested in providing family child care homes; include a realistic presentation of potential impacts on the family and the household. (*There are not*

enough people wanting to do this—it is difficult to work all day and then attend class in the evening or on weekends).

- Following certification, provide ongoing professional support for new and existing providers (business skills, professional development, networking, etc.).
- Provide additional training to South County, where the demand is growing proportional to population growth.
- Diversify funding to achieve sustainability.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.

STRATEGY 7

Child Care Subsidies

Expand subsidies to make quality child care available to more low-income families in the county.

Situation overview

- Without subsidies, child care is completely unaffordable for low-income families.
- Low-income families may obtain subsidized care in one of two ways:
  1. Enroll in a subsidized child care program, or
  2 Participate in an Alternative Payment Program in which participants can take vouchers to the provider of their choice.
- Waiting lists, however, are extremely long, far outnumbering the supply of subsidized care. For example, there are 287 slots of subsidized care in Mountain View, with 393 children on waiting lists.
- In 1998, of the nearly 52,550 children eligible for subsidized child care, between 12,000 and 14,000 children are waiting for subsidized child care. The average subsidy per child is estimated to be $23.50 per day, or $5,781 per year. In total, approximately $69.3 million to $80.9 million is needed to accommodate children on this waiting list.
- The geographic areas that may be most in need of subsidized care were identified in two ways:
  1. comparing the zip codes with the greatest number of low-income children with the zip codes of child care center vacancy rates, and
  2. comparing the zip codes of children receiving CalWORKs with the vacancy rates for child care services in those areas. In 1998 for infant care, these areas were in San Jose (95122, 95111, 95116, 95112, 95127); Sunnyvale (94087, 94086, 94089); Santa Clara (95051); and Cupertino (95014). For preschool, these areas were San Jose (95122 and 95127); Sunnyvale (94087 and 94086); Santa Clara (95051); and Cupertino (95014).
- The child care subsidy needs of migrant families are unknown, but are complicated by the fact that children of migrant workers may be ineligible under existing rules, and families are hesitant to advocate for services.
- Almost 55 percent of the jobs in Silicon Valley fail to pay enough to keep a family of four out of poverty.
- In order for families to be self-sufficient, the starting wage needs to be $12.62 per hour for a single head of household with one child or $17.27 for two children.
- In 1999, the costs of child care in Santa Clara County are among the highest in the state:

- Infants in full-time family day care, $500 per month, or about $6,000 annually.
- Preschoolers in full-time family day care, $460 per month, or about $5,520 annually.
- Infants in full-time child care centers, $800 per month, or about $9,600 annually.
- Preschoolers in full-time child care centers, $520 per month, or about $6,240 annually.

- For a minimum wage earner, the average cost of full-time care for a child less than 2 years old in a licensed center is 87 percent of the annualized minimum wage of $11,960. For a child 2 to 5 years old, in a center the cost is about 57 percent of minimum wage.

STRATEGY 8

Child Care Facilities

Establish a countywide child care facilities fund and action plan that would result in new and expanded facilities.

Situation overview

EXISTING EFFORTS TO EXPAND FACILITIES

- The Capacity-Building Subcommittee of the Local Planning Council (LPC) is addressing both the need for additional facilities and professional staff. LPC priorities include financing and facility development, workforce development, and land use/planning/zoning changes.
- Cities such as Sunnyvale and San Jose are advocating for zoning changes, developer mitigation requirements, and developer and corporate incentives to increase child care supply, etc.
- The LINCC Project (Local Investments in Child Care) is working to increase the supply of affordable, accessible, appropriate quality licensed child care in Santa Clara County.

Child care supply

- For children under 10 years of age, there is one child care slot for every five children in the county.
- Demand for child care continues to exceed supply.
- The county has 2,148 licensed child care establishments (1,554 family child care homes and 594 child care centers). These establishments can accommodate 52,034 children.
- There is a severe shortage of child care slots for children where special services and care may be required (infants, children with learning differences, behavior problems or disabilities).

VACANCY RATES

- In March 1998, the overall child care vacancy rate was 11 percent: family child care averaging about 25 percent; child care centers averaging about 5 percent.

NEED FOR ADDITIONAL CHILD CARE SUPPLY BY GEOGRAPHIC AREA

The following table summarizes the lack of child care supply for all children, subsidized or not subsidized (based on PACE Report, 1997).

City	Zip Code	# of Children/ One Space	Age of Children	Type of Care
San Jose	95112 95132	98	< 2 years	Child care center
San Jose	95122 95123	60	< 2 years	Child care center
San Jose	95112 95116	33	< 6 years	Family child care
Los Altos	94022	33	< 6 years	Family child care
Palo Alto	94301 94305	33	< 6 years	Family child care
San Jose	95148 95132	30	< 6 years	Child care center
Mountain View	94041	20	< 6 years	Child care center/ Family child care
San Jose	95131	20	< 6 years	Child care center/ Family child care

STRATEGY 9

Early Identification of Learning Differences

Increase early identification for children with impairments to learning and link to appropriate intervention services.

Health/mental health education for child care providers

PROGRAM OVERVIEW

The following summary is based on a telephone interview with the county's Department of Public Health.

The Department currently has one public health nurse dedicated to offering health and safety resources to family child care and center care providers throughout the county. Services offered annually include:

- Responding to 3,900 to 4,150 advice service calls, the vast majority of which are from child care providers seeking counsel about the spread of contagious diseases (a small portion of calls are also from providers seeking advice about child behavioral problems),

- Conducting 250 liaison visits to offer on-site health advice to child care providers,
- Educating 150 child care providers through a national workshop,
- Educating 1,400 child care providers through local education workshops,
- Conducting 50 home visits, requested either by providers or the California Department of Social Services Licensing Division, to analyze health and safety issues in child care homes,
- Writing a health advice column in the Community Coordinated Child Care Council (4Cs Council) and Choices for Children newsletters, which are distributed quarterly to 4,500 providers, and
- Advertising a toll-free number for mental health care referrals.

Through the program, a consortium of health educators, comprised of health and safety professionals, has been created to train child care providers. Two, large-scale workshops are offered annually to address current practices related to physical health and safety (CPR, pediatric first aid, etc.). Child care health trainings are also available throughout the year (on a smaller scale) to address such issues as stress reduction in children, child abuse identification and asthma treatment.

PROGRAM STRENGTHS

No new suggestions

SERVICE GAPS

- Provide additional public health nurses, distributed regionally throughout the county, to act as child care health consultants. In addition to health and safety advice and education, providers caring for high-risk children need assistance connecting them with health and mental health services such as immunization, dental care, and health screening and intervention.

Early identification services

PROGRAM OVERVIEW

This summary is based on three telephone interviews conducted with representatives of:

- San Andreas Regional Center
- Via Rehabilitation Services
- Family Education Foundation

In addition to the above, the following organizations provide diagnosis services in Santa Clara County:

- Children's Health Council
- Diagnosis Center of Northern California
- Dyslexia Treatment and Counseling Center
- Gardner Family Health Center

Early Start

The Santa Clara County Early Start program provides early intervention services and assessment of a child's motor skills, communication development, learning skills, social interaction and emotional development. Services are targeted for children 0 to 3 years of age, at their home or at a center site. When a child is determined to be eligible for Early Start services, an Individualized Family Service Plan (IFSP) is developed for both the child and the family. A wide range of intervention services are offered such as audiology, assistive technology devices, hearing services, family training/counseling, home visits, physical therapy, health and media diagnostic, nutrition counseling, occupational and physical therapy, respite, social work, speech and language services, transportation, vision and others as needed.

Services are offered during weekdays and are available in English, Spanish and Vietnamese. The program's current caseload, which includes

the entire county, nears 730 children per year in 12 centers, and about 170 children with the Santa Clara County Office of Education at various school sites. These services are available countywide, although clients from South County area receive services primarily in the San Jose Center sites. The Early Start program is a collaborative effort between San Andreas Regional Center and the Santa Clara County Office of Education, as well as a consortium of other community agencies. The program receives federal and state grants.

Via Rehabilitation Services

Via provides early intervention and screening services for children 2 to 5 years of age at either fully or partially subsidized family child care homes or at child care centers. Their current caseload, which includes the entire county, is 2,500 children per year in more than 60 centers. Services involve assessment, evaluation, referral, screening, and case management for language, speech and auditory concerns. Services are available during weekdays and are provided primarily in English, with Spanish and Vietnamese capability as needed. Currently, Via collaborates with other community agencies and private providers to deliver services. According to staff, no other organization in the county is providing similar services. The program is funded by a Health Trust grant.

Family Education Foundation

The Family Education Foundation provides screening and assessment for children with learning differences. The foundation provides direct services to child care providers by training staff on how to recognize and identify a potential concern or problem; this training does not include diagnosis. Last year the foundation provided training for 1,500 to 1,600 adults. Services are provided primarily in English, but are available in Spanish. Training is available weekdays and during evenings and weekends as requested. A goal of the foundation is to maximize collaboration with other organizations, both private and public. The program is funded through the county and private donations.

PROGRAM STRENGTHS

Teaching parents to understand and become familiar with the various impairments to learning.

- Maintaining a staff that has knowledge in, experience with and awareness of learning differences.
- Providing follow-up care, beyond initial referral and screening services (for example, tracking the children as part of case management and assisting in identifying health insurance strategies).
- De-centralizing services—*go into the community, into the homes*.
- Securing diverse funding sources to achieve sustainability.
- Providing linguistically and culturally appropriate services and materials.
- Partnering with public, private, and non-profit organizations and agencies, in terms of funding, resources and services.

SERVICE GAPS

- Improve access to affordable mental health care providers.
- Provide safe, convenient and reliable transportation options for clients to access the system.
- Address the tremendous demand for screening and detection services in family child care homes and at child care centers.
- Identify and serve the high number of children who are not eligible for services based

on federal educational criteria (showing 50 percent delay in one area or 25 percent delay in two areas), but nevertheless would benefit from intervention and assistance (*children in the "cracks"*).

- Improve the quality of college curriculum related to childhood impairments to learning.
- Reach and retain groups of people who are typically reluctant to become participants (such as undocumented immigrants, new immigrants who are "unsure," non-English-speaking persons).
- Help families feel less intimidated by the process and the system, thereby increasing the likelihood they will remain committed and involved.
- Improve outreach to parents, so they better understand the value of early identification and intervention, and how to access and use the services.
- Diversify funding to achieve sustainability.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.

STRATEGY 11

Neighborhood-based Initiatives

Strengthen and expand neighborhood associations and other neighborhood-based initiatives in areas that need assistance and ensure that outreach and services are culturally appropriate.

PROGRAM OVERVIEW

This summary is based on seven telephone interviews conducted with individuals belonging to one of the following:

- Burbank Action Committee
- Guadalupe Washington Neighborhood Association
- Jackson Taylor Neighborhood Association
- McLaughlin Corridor Neighborhood Association
- Mt. Pleasant Neighborhood Association
- Park Pleasant Neighborhood Association
- Walnut Lane Neighborhood Association

In addition, this section is informed by people working with or being familiar with the different associations in Santa Clara County, including:

- Community Foundation Silicon Valley
- Santa Clara County Public Health Department
- People Acting in Community Together (PACT)
- Resources for Families and Communities
- South County Housing Department *Neighbor to Neighborhood Program* (Gilroy)
- District 1 Supervisor's Office
- District 2 Supervisor's Office
- District 3 Supervisor's Office
- District 4 Supervisor's Office
- District 5 Supervisor's Office
- United Neighborhoods of Santa Clara County

In general, neighborhood associations—located throughout the county—bring people together to:

- Get to know each other (barbecues, block yard sales, ice cream socials, school fun fairs,

harvest festival, "lunch with Santa," membership drives, etc.),

- Improve their neighborhood (dumpster days, daffodil plantings, tree trimmings, graffiti removal, adopt-a-block, etc.),
- Tackle a problem (poor street lighting, traffic volume and speed, gang activities, etc.), and
- Educate themselves regarding community issues (elections, schools, recreation programs, health fairs, proposal writing, etc.).

In nearly all instances, associations collaborate with other organizations to address the needs of the neighborhoods. Key partners include law enforcement agencies, physical and mental health care service providers, community colleges, parks and recreation, local businesses, schools and churches. Funding is obtained through grants, private foundations and contributions.

PROGRAM STRENGTHS

- Connecting people to resources to improve and enhance the neighborhood.
- Maintaining a core group of dedicated and committed community leaders.
- Identifying and organizing around an issue.
- Formalizing a process to recognize each other for their contributions of time and energy.
- Meeting at a centrally located, safe, comfortable and easily accessible location.
- Maintaining good communication between meetings (newsletter, flyers and announcements in local papers).
- Conducting good meetings (agenda, variety of speakers, quick pace, closing on time, food).
- Conducting events and activities in linguistically and culturally appropriate setting.
- Responding to each other with linguistic and cultural sensitivity.
- Knowing how to write grants and manage money.
- Developing a working relationship with government officials.
- Communicating with local government agencies (council member offices, code enforcement, police, etc.)
- Creating and maintaining collaborations—people working together.
- Promoting communication between neighbors—keeping people together.

SERVICE GAPS

- Provide services and programs for children and youth.
- Maintain ability to provide linguistically and culturally appropriate services, activities and materials.
- Reach groups of people who are typically reluctant to use services to become involved or participate in community activities and events (such as undocumented immigrants, new immigrants who are "unsure," non-English-speaking persons).

STRATEGY 12

Traffic and Auto Safety

Expand traffic and auto safety programs.

PROGRAM OVERVIEW

Operating through the Santa Clara County Department of Public Health, the "Traffic Safe Communities Network in Santa Clara County" is a countywide coalition comprised of approximately 50 members representing professionals, non-professionals, community-based organizations, advocates, schools, law enforcement, etc. The Coalition provides a variety of services aimed at improving traffic safety, including needs assessment and research planning, training, policy development, enforcement and education programs and campaigns, mini-grants, and other direct services.

Services are available during weekdays, evenings and weekends and are offered primarily in English but also, to a lesser extent, Spanish. Operating as a coalition, this program collaborates with a variety of persons, organizations and agencies in related traffic safety professions. The county's Public Health Department and the California Office of Traffic Safety fund the program.

PROGRAM STRENGTHS

- Being comprehensive in the approach to traffic safety (*it's not just about speed bumps*).
- Involving the community.
- Applying research-based practices.
- Partnering with professional and non-professional experts and advocates.
- Securing diverse funding sources to achieve sustainability.
- Providing linguistically and culturally appropriate services and materials.
- Partnering with public, private, and non-profit organizations and agencies, in terms of funding, resources and services.

SERVICE GAPS

- Need better integration of data and assessment with planning tools.
- Target alcohol-impaired drivers.
- Expand efforts in pedestrian and bicycle safety.
- Improve child passenger safety.
- Reduce red-light and red-sign "running."
- Expand ability to provide linguistically and culturally appropriate services, activities and materials.
- Reach groups of people unaccustomed to traffic safety laws such as new arrivals to this country.

Appendix D
BEST PRACTICES REVIEW

Introduction

Through Prop. 10, California communities have been given an unprecedented opportunity to make a substantial investment in their youngest residents. In Santa Clara County, we are firmly committed to investing in a set of strategies that will truly make a difference in the lives of young children and their families. For that reason, our community has crafted strategies that are based on either best or promising practices.

Purpose

The purpose of this initial review is to present a summary of the current best practices research that helped to shape our thinking. We also provide information on several promising approaches, which have not yet been rigorously evaluated. More extensive information on early childhood development best practices will soon be available from the California Children and Families Commission Technical Assistance Center. Taken together, we hope these resources will guide the county's Children and Families First Commission in the coming years, as well as those organizations and groups intending to apply for Prop. 10 funds.

What are best and promising practices?

Best practices are strategies or programs that credible research indicates are effective and have successful track records. Promising practices, on the other hand, are strategies that experts believe have potential. This belief is based on preliminary research findings or professional experience.

Due to the country's renewed interest in the influence of early childhood development, a number of resources have been produced recently to summarize the affects of early childhood intervention programs. Much of the information contained in this review was drawn from the following sources: RAND, Center for the Future of Children, Promising Practices Network, National Governors' Association Center for Best Practices, Children NOW, Child Care Partnership Project, North Carolina Smart Start, National Center for the Early Childhood Workforce, California Research Bureau and Abt Associates, Inc.

What types of practices were reviewed?

The following types of practices were reviewed to inform the development of our community's Prop. 10 strategic plan:

- Home Visiting
- Early Childhood Education
- Parent Education
- Family Resource Centers
- Nutrition Programs
- Traffic Safety Programs

Home Visiting

Both RAND and the David and Lucile Packard Foundation's Center for the Future of Children have taken a closer look at home visiting programs recently. Over the past 10 years, the number of home visiting programs across the country has skyrocketed. Specific program goals vary and can include improving prenatal maternal and child health, preventing child abuse and neglect, and encouraging mothers to make positive choices about education, employment or family planning. All programs, however, share a focus on improving the lives of children by encouraging changes in the attitudes, knowledge and/or behavior of the parents. They are also driven by the assumption that one of the best ways to reach families with young children is by bringing services to them. Below, we profile the home visiting program with the most successful outcomes—the Prenatal/Early Infancy Project.

The **Prenatal/Early Infancy Project** targeted economically disadvantaged women in Elmira, New York, who were pregnant with their first child. Participants were primarily white. Unmarried mothers with low socioeconomic status were defined as high-risk. Program goals included promoting healthy behaviors during pregnancy and infancy, improving parenting skills and guiding maternal life-course development (i.e., family planning, education and employment). Mothers were visited by registered nurses trained in parent education, methods of involving family and friends in assisting and supporting the mother, and linkage of the family with other health and human services. On average, nurses completed nine visits during pregnancy and 23 visits from the child's birth to age 2. Parents were also provided free transportation to prenatal and well-child visits. Two control groups were used in the evaluation, and data was collected at registration, at 32 weeks gestation and then every four to six months for four years, with a final follow-up when the child was 15 years old.

Key **results** reveal:

- Improved pregnancy behaviors, with less cigarette use, better nutrition, improved childbirth class attendance and more social support;
- Decreased reports of child abuse and neglect during the child's first two years of life among the high-risk families;
- Fewer safety hazards and more development-promoting materials in the home; and
- Fewer visits to the hospital emergency department during the child's first four years of life.

A 15-year follow-up study found the following:

- Fewer reported acts of child abuse and neglect,
- Significantly fewer months spent receiving AFDC and food stamps for high-risk mothers, and
- Lower levels of criminal activity for high-risk mothers.

While the results from Elmira, New York are promising, most home visiting models have failed to produce a significant impact, particularly in improving child outcomes. A recent report from the Center for the Future of Children concludes that home visiting programs have produced some benefits in parenting practices, attitudes and knowledge. Unfortunately, the benefits for children in the areas of health, development and rates of abuse and neglect that are supposed to derive from these changes have not materialized. The authors recommend that practitioners pay close

attention to the following aspects of program implementation:

- Engaging families and sustaining family involvement are keys to success. All home visiting programs reviewed struggled to enroll, involve and retain families.
- Delivering the curriculum with fidelity to the model is also critical. Studies show that a number of home visitors strayed from the intended curriculum. Quality training and close supervision are needed.
- Forging relationships with families is necessary as well. Home visitors must have strong personal, organizational and analytical skills. Some researchers conclude that professional, rather than paraprofessional, workers should conduct home visits. No current studies, however, provide direct comparisons of the effectiveness of one over the other. What is clear is that extremely well-trained visitors are needed.

Early Childhood Education

Center-based child development programs

An overwhelming body of research indicates that early childhood programs can have substantial effects on children's lives years after their involvement in the programs. The **High/Scope Perry Preschool Project, Carolina Abecedarian** and **Head Start** are frequently cited models. In each case, services were targeted to disadvantaged children. Participation in such child-focused early childhood development programs has led to the following positive short- and long-term outcomes for children:

- Decreased need for special education classes,
- Less grade repetition,
- Greater likelihood of graduating high school,
- Fewer contacts with the criminal justice system,
- Decreased likelihood of out-of-wedlock births or reliance on social services as adults, and
- Increased average earnings as adults.

Early childhood programs can also affect children's physical health by increasing immunizations; linking them to health services; conducting vision, hearing and developmental screenings; and providing them with nutritious meals. Programs that offer excellent, full-day child care have also produced positive maternal life course outcomes, such as delays in the timing of subsequent pregnancies and reduced reliance on welfare.

Of course, in order to produce such benefits, child development programs must be high quality. Characteristics of high-quality programs include small class sizes, high staff-to-child ratios, trained and well-supervised teachers, and developmentally appropriate curricula. High quality programs also integrate basic health services such as immunizations, screenings and nutritious meals; actively engage parents in children's education; and provide materials and activities that enhance literacy.

Workforce development

Santa Clara County, like many other communities around the state, is facing a child care staffing crisis. Well-trained child care staff are difficult to recruit and retain. Research shows that increasing compensation of child development professionals improves the quality of child care services, thus resulting in better child outcomes. However, increasing provider wages in

an area where child care costs are already exorbitant presents a challenge.

The California Child Care and Development Compensation Study—a state review of promising practices to improve child care worker compensation—offers some ideas. For example, a number of programs have achieved success through linking training and compensation.

TEACHER EDUCATION AND COMPENSATION HELPS

The TEACH (Teacher Education and Compensation Helps) Early Childhood Project in North Carolina provides a variety of scholarships for teaching staff, directors and providers employed in regulated child care centers and family child care homes. Educational achievement is rewarded with either wage increases or one-time bonuses. The project has increased the capacity of providers to deliver high-quality care and has significantly improved retention. As a result, the initiative has spread to a number of other states.

CHILD CARE WAGE$ PROJECT

The Child Care WAGE$ Project in Orange County, North Carolina provides education-based salary supplements to low-paid teachers, directors and family child care providers working with children between the ages of 0 to 5. Participants must meet certain educational requirements and agree to continue in their jobs. Through the project, Orange County reduced teacher turnover from 36 to 8 percent. WAGE$ has since been implemented in a number of other North Carolina counties, including Stokes County, which has reduced the teacher turnover rate from 65 to 21 percent since the program began.

COMPENSATION AND RETENTION ENCOURAGE STABILITY

California has proposed its own model for linking training and compensation—California CARES (Compensation and Retention Encourage Stability).[1] Like the North Carolina programs, the goal of CARES is to build a skilled and stable child development workforce. CARES, however, includes two programs designed to enhance the wages and training of child care workers: the Child Development Corps and Resources for Retention. Like WAGE$, the Child Development Corps stipend program provides incentives for trained teachers and providers to remain in their early childhood classrooms. Resources for Retention, on the other hand, provides financial resources directly to child care programs to improve wages and increase retention. State-subsidized and privately funded child care programs that develop and implement plans to improve compensation and retention for teachers and providers in their programs would be eligible to receive "Quality Improvement Rewards." Accredited state-subsidized programs would be eligible to receive an "enhanced reimbursement rate." Programs based on the CARES Child Development Corps model are currently being implemented in two Bay Area counties—San Francisco and Alameda. In Alameda County, the Child Development Corps is being implemented with Prop. 10 funds.

Facilities expansion

An equally pressing need in Santa Clara County is the development of more child care facilities, both centers and family child care homes. As the CalWORKs program moves thousands of individuals into the workforce, and the Bay Area continues to attract an equal number of high-tech employees, the demand for child care is increasing faster than the supply.

San Francisco has developed a promising approach to this problem. In 1998, the city established a **Child Care Facilities Fund (CCFF),** which gives nonprofit child care centers and family child care homes the money and know-how they need to provide affordable, quality child care. The primary recipients of the

assistance are providers that serve low-income children in San Francisco. Partners include key departments in the City and County of San Francisco, the Miriam and Peter Haas Fund, the Providian Financial Corporation, individual donors and the Starting Points Initiative. With an initial $200,000 annual allocation from the Board of Supervisors, the CCFF has managed to leverage over $2 million additional dollars from the city and private funders. The goal is to raise $10 million over the next several years. CCFF **results** include:

- Sixty-six new family child care slots were created in high-need areas.
- Seven predevelopment grants to new or expanding nonprofit child care centers helped create 329 new child care slots for low-income children, including 44 infant slots and 65 after-school slots.
- A partnership with the City of San Francisco for a $10 million permanent loan program will create 675 new child care spaces for low-income children over the next two years.

Parent Education

One of the assumptions underlying all parent education programs is that the best way to improve child outcomes is to focus on improving parents' ability to parent their children. Unfortunately, the research studies conducted for such programs offer little to validate this assumption. Overall, parent education programs have modest effects on children's cognitive development. Many of the programs that have been evaluated rely on the home visiting model and are plagued by the challenges previously described.

However, parent education programs based on the home visiting model have had some short-term positive effects on maternal knowledge, attitudes and behavior. Two frequently cited models are Arkansas's **Home Instruction Program for Preschool Youngsters (HIPPY)** and Missouri's **Parents as Teachers (PAT)** program. Both programs seek to empower parents and maximize children's chances for success in school. While the HIPPY program relies entirely on paraprofessionals, the PAT program utilizes a mix of professional and paraprofessional home visitors. Evaluation results show that these programs have some potential to reduce abuse and neglect, to increase parent confidence and to increase parent involvement in reading and school activities.

A number of researchers believe that the most promising efforts are those that combine parent education programs with high quality, early education programs for children. According to RAND, programs that offered both high-quality child care settings and family support services were more likely to reduce future crime and delinquency behaviors for youth. The Center for the Future of Children also recommends offering parent education classes and support groups in the community or on the job site, rather than in the home. Jean Layzer and her colleagues at Abt Associates, Inc., have found that support groups can be particularly effective for parents at risk of abusing their children and those caring for children with special needs.

Alameda County's best practices research review offers guidance from the United States Department of Education National Parent Information Network. The Network recommends that communities provide the following spectrum of parenting education services:

- Resource and referral (books, organizations, websites, research)
- Suggestions and strategies (drop-in centers, warm lines for parents)
- Community programs (informal support groups, workshops, conversations)
- Formal instruction (offered through school districts, crisis centers and hospitals)
- Counseling (including groups and one-on-one support through home visiting)

Family Resource Centers

Family Resource Centers were established to increase family access to information and services. Such centers integrate and coordinate existing health and social services, as well as offer information about a range of community services and resources. Over the last 10 years, hundreds of Family Resource Centers offering a wide variety of services have been created across the country in hospitals, schools, churches and community-based organizations. The programs described below have been recognized nationally as promising practices:

- California Healthy Start Initiative
- Allegheny County Family Support Centers
- Hope Street Family Center
- Parent Information and Resource Centers

California Healthy Start Initiative

The California Healthy Start Initiative provides preventive and early intervention services to families within their own communities. Created in 1991, the program provides seed money through competitive grants to schools and their collaborative community partners. The grant money establishes services for families such as dental, immunization, nutrition, academic support, parent education, social services and mental health. The service centers are housed either in the local school or in another community-based location. Services are developed in response to each community's unique strengths and needs. Statewide results of the Healthy Start Initiative include:

- Fourth-grade reading test scores increased 25 percent.
- Fourth-grade math scores increased by 50 percent.
- Roughly 80 percent of clients with identified hearing or vision problems received intervention services.
- Over 80 percent of families identified as "in crisis" regarding food and clothing improved.
- Roughly 60 percent of families identified as "at-risk" improved to "stable."

Allegheny County Family Support Centers

The Allegheny County Family Support Centers are located in high-risk, low-income neighborhoods with high rates of unemployment. Three centers were designed to provide services and support to families with very young children, with special emphasis on parent involvement and early childhood development and education. The centers offer intensive services for selected families and provide a variety of other activities that are open to all families. Intensive services include individual assessment, counseling, parent educational and referral to other service and recreational programs. These services are available to families through home visits and center-based activities.

A unique aspect of the Allegheny model is its strong focus on community and family involvement in all center activities. Community resi-

dent councils designed and implemented service, staffing and administrative plans for the centers. These councils also strongly recommended hiring community residents to staff the centers. Of the 62 staff members at the three centers, 51 have been community residents, including all center directors and community organizers. Early evaluation **results** reveal strong client satisfaction with the way services are delivered. The centers are currently being more rigorously evaluated to measure changes in child and family outcomes.

Hope Street Family Center

The Hope Street Family Center is located within a major birth hospital in central Los Angeles. The center provides comprehensive child development services, early childhood education, child care, child development screening and assessment, continuation high school tutoring, and medical and dental care to children and their families. In addition, it provides adult education, parent education support, and case management and coordination services. A combination of home visits and center-based services is provided.

Parent Information and Resource Centers

The United States Department of Education recently funded Parent Information and Resource Centers in 28 states. The grants were awarded to nonprofit organizations that will collaborate with schools, institutions of higher education, social services agencies and other nonprofit organizations. Program goals include:

- Increasing parents' knowledge and confidence in child-rearing activities;
- Strengthening partnerships between parents and professionals in meeting the educational needs of pre-school aged children (beginning at birth) and school-aged children; and
- Enhancing the developmental progress of children. Practices implemented through the programs include parent-to-parent training activities, hotlines, mobile training teams, resource and lending libraries, support groups and referral networks. All centers use either the Home Instruction Program for Preschool Youngsters (HIPPY) or the Parents as Teachers (PAT) model to provide parent education. Evaluation results from these new efforts may offer guidance to Children and Families First Commissioners.

Nutrition Programs

A number of federal food programs have been effective in improving the nutritional intake of young children, including:

- Special Supplemental Nutrition Program for Women, Infants and Children
- Food Stamp Program
- Child and Adult Care Food Program
- School Breakfast Program
- National School Lunch Program
- Baby Friendly Hospital Initiative

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was established in the early 1970s. WIC provides nutritious foods, nutrition education and access to health care for low-income pregnant women, new mothers and children under the age of 5 at nutritional risk. Study results indicate that the program increases the number of women receiving prenatal care, reduces the incidence of low-birth-weight babies and fetal mortality, reduces anemia in both mothers and children,

and enhances the nutritional quality of the participants' diets.

Food Stamp Program

The Food Stamp Program, also established in the early 1970s, provides a basic safety net to millions of families with children. The program provides monthly coupons to eligible low-income families that can be used to purchase food. Participation in the program can increase the nutritional value of a low-income household's home food supplies by 20 to 40 percent.

Child and Adult Care Food Program

The Child and Adult Care Food Program was founded in 1968 to provide federal funds for meals and snacks to licensed public and nonprofit child care centers, and family and group child care homes for preschool children. Funds are also provided for meals and snacks served at after-school programs for school-age children and for adult day care centers. Participating programs are required to provide meals according to the nutrition standards set by the United States Department of Agriculture.

School Breakfast Program

The School Breakfast Program was fully established in 1975 to assist schools in providing a nutritious morning meal to low-income children. The program provides cash reimbursements as entitlements to public and nonprofit private schools and residential child care institutions to cover the costs of serving breakfast to students. Through the program, children receive one-fourth or more of their recommended daily allowance (RDA) for key nutrients. Research has indicated a link between the breakfast program and educational attainment. Low-income children who participated in a breakfast program achieved higher standardized test scores than low-income children who did not participate. The program has also helped to decrease tardiness and absenteeism among participants.

National School Lunch Program

The National School Lunch Program was created in the 1940s to provide the opportunity for children across the country to receive at least one nutritious meal every school day. Schools get cash reimbursements as entitlements to provide a nutritious lunch for children. The program provides children with one-third or more of their RDA for key nutrients. Household income is used to determine whether a child will pay a substantial part of the cost for their lunch or will receive a reduced-price or free meal. Research conducted by the United States Department of Agriculture indicates that children who participate in the program have superior nutritional intakes compared to those who do not.

Baby Friendly Hospital Initiative

In addition to these national nutrition programs, we want to highlight an effective international model. The Baby Friendly Hospital Initiative (BFHI), sponsored by the World Health Organization and UNICEF, is an international effort to improve breastfeeding rates. Based on the 10 steps to successful breastfeeding, the initiative encourages hospitals to examine their practices, make the appropriate changes and then apply for recognition as a Baby Friendly Hospital. To date, eleven hospitals in the United States have been designated Baby Friendly, including two in California (Women's Health and Birth Center in Santa Rosa and Goleta Valley Cottage Hospital in Santa Barbara).

By successfully increasing breastfeeding rates, BFHI has improved health outcomes for infants around the world. In Panama, the Ministry of Health reported a 58 percent reduction in respiratory infections just one year after a single Baby Friendly hospital was established. Similar results have been achieved in industrialized countries. An evaluation in the Republic of

Moldova showed an average reduction in all neonatal infections in four Baby Friendly hospitals from about 18 percent to 7.5 percent in two years. Similar results are being reported from Asia and Latin America.

Traffic Safety Programs

Young children's health is at risk from injuries caused by traffic accidents. According to the United States Department of Transportation's National Highway Traffic and Safety Administration, both Occupant Protection Programs and Pedestrian and Bicycle Safety Programs have been effective in decreasing childhood injuries.

Occupant Protection Programs

The following strategies are part of Occupant Protection Programs:

- Encourage birthing hospitals to enact policies requiring child safety seat usage for discharged newborns.
- Increase enforcement of seat belt and car seat usage for low-usage groups such as children 0 to 4.
- Establish occupant protection checkpoints.
- Create low- or no-cost child safety seat programs.
- Increase public awareness of law enforcement activity to increase and maintain high safety belt and child safety seat usage.
- Provide workshops and clinics to teach parents how to use child safety seats correctly.

Pedestrian and Bicycle Safety Programs

- The following strategies are part of Pedestrian and Bicycle Safety Programs:
- Increase enforcement of pedestrian crosswalk, bicycle and right-of-way laws and ordinances.
- Establish comprehensive school-linked pedestrian and bike safety education programs.
- Create low- or no-cost bike helmet distribution programs.
- Increase public awareness about the importance of school zone and crosswalk safety.

Other strategies to consider

Other promising strategies for making streets safer for children include:

- Improve the visibility and prominence of crosswalks on high-volume streets by using zebra stripes.
- Create more bike lanes on city streets.
- Place pedestrian islands on busy streets.
- Increase the number of crosswalks on busy streets.
- Install more roundabouts.
- Install more speed humps on neighborhood streets.

Initiatives to Watch

Several key early childhood initiatives are being implemented around the country. Because these efforts preceded Prop. 10 implementation, Children and Families First Commissioners are in a position to benefit from their experiences. Below are six initiatives, including a description of the key strategies being implemented across project sites:

- Success by Six
- Starting Points
- Smart Start

- Santa Clara County Developmental Assets Initiative

Success by Six

Success by Six is an early childhood development initiative, based on the principles of collaboration and prevention. The initiative was developed in Minneapolis in 1998 and has flourished throughout the national United Way system. The goal of Success by Six is to ensure that all children develop the emotional, social, cognitive and physical capacities and skills they need to achieve well-being and be ready to learn when they start kindergarten. In 1999, more than $9 million in grants were awarded to local United Ways in 135 communities, throughout 22 states and the District of Columbia, to begin or expand the initiative.

Vermont's Success by Six initiative has been nationally recognized. Strategies implemented through the program include welcome baby visits, family literacy programs, parent-child interaction groups, parent education groups and screenings for 2-year-olds.

Starting Points

In 1996, the Carnegie Corporation of New York awarded grants totaling more than $3 million to 16 states and cities to participate in a new grants program called Starting Points (The Bay Area is home to a four-year-old Starting Points site in the city of San Francisco). Having devised a coherent strategy to meet the needs of children in the first three years of life, the Carnegie Corporation sought to test these recommendations through widespread implementation. Activities currently being implemented by states and cities around the nation include:

- Universal screening, home visiting and follow-up systems of health care for pregnant women, infants and toddlers that will seek to reach all families, with special attention to the most disadvantaged.
- Improved employment and training programs for young parents that include child care and social supports.
- New comprehensive initiatives for children birth to age 3, such as "family resource networks" that will act as coordinating hubs for child care, child health and parent supports. These initiatives are modeled after Head Start.
- Community outreach programs designed to prevent teenage childbearing and to improve life options for disadvantaged youth.
- Innovative initiatives using museums, churches and neighborhood settlement houses as important resources for young families.
- New collaborative governance mechanisms that allow the financial and staff resources of public and private agencies to be used more efficiently.

Smart Start

North Carolina's Smart Start is perhaps the best model for those implementing Prop. 10. Smart Start is a comprehensive, public-private initiative to help all North Carolina children enter school healthy and ready to succeed. To achieve this goal, local county partnerships have focused both their attention and their funds on three major areas of service implementation: child care, family support programs and health services. Child care strategies include paying for subsidies, increasing the availability of child care, improving the quality of services, expanding services for children with special needs, and educating and supporting child care teachers and providers. Health strategies include support for immunizations, health and developmental screenings, and education for parents and child care providers. Finally, family support strategies include child care resource and referral services,

family resource centers, family literacy programs and transportation assistance. Because the goals and strategies of Smart Start correspond so closely with Prop. 10 implementation in our community, evaluation results should prove valuable to Children and Families First Commissioners in the coming years. Smart Start is in its sixth year of implementation.

Santa Clara County Developmental Assets Initiative

Finally, we want to draw your attention to an important local initiative—the Santa Clara County Developmental Assets Initiative. In 1989, the Search Institute of Minneapolis introduced the concept of developmental assets for young people. Through research, the Search Institute identified a set of 40 building blocks that are key to young people's healthy development and well-being. These assets are the positive relationships, opportunities, competencies, values and self-perceptions that all young people need to grow up healthy, responsible and caring.

The Youth Alliance of Santa Clara County has brought the Developmental Assets Initiative to our community. The Alliance is currently conducting a countywide survey to determine the level of assets seventh to twelfth grade youth possess at this time. The Alliance will then utilize the survey results to launch a community-wide education and mobilization effort to make positive child and youth development a top priority in every segment of the community. By shifting community values, the success of this effort can significantly enhance Prop. 10 implementation and lay the foundation for sustained community change.

[1]Assembly Bill 212 establishes California CARES. The bill was introduced in the 1999 legislative session but was not signed by Governor Davis. Efforts are underway to pursue passage of some version of AB 212.

Appendix E
PROPOSITION 10 LEGISLATION

Proposition 10—
Full Text of the Proposed Law

This initiative measure is submitted to the people in accordance with the provisions of Article II, Section 8 of the California Constitution.

This initiative measure expressly amends the California Constitution by adding sections thereto, and adds sections to the Health and Safety Code and the Revenue and Taxation Code. New provisions proposed to be added are printed in *italic type* to indicate they are new.

Proposed Law

CALIFORNIA CHILDREN AND FAMILIES FIRST INITIATIVE

SECTION 1. Title. This measure shall be known and may be cited as the "California Children and Families First Act of 1998."

SEC. 2. Findings and Declarations. The people find and declare as follows:

(a) There is a compelling need in California to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age.

(b) There is a further compelling need in California to ensure that early childhood development programs and services are universally and continuously available for children until the beginning of kindergarten. Proper parenting, nurturing, and health care during these early years will provide the means for California's children to enter school in good health, ready and able to learn, and emotionally well developed.

(c) It has been determined that a child's first three years are the most critical in brain development, yet these crucial years have inadvertently been neglected. Experiences that fill the child's first three years have a direct and substantial impact not only on brain development but on subsequent intellectual, social, emotional, and physical growth.

(d) The seminal Starting Points report by the Carnegie Corporation of New York concludes that "how children function from the preschool years all the way through adolescence, and even adulthood, hinges in large part on their experiences before the age of three."

(e) New research from many sources, including the Carnegie Corporation, the Baylor College of Medicine, and the White House Conference on Early Childhood Development, demonstrates that the capacity of a child's brain grows more during the first three years than at any other time.

(f) The Education Commission of the States' report on the results of neuroscience research associated with early childhood development states: "Too many infants are born with problems that hinder their start in life. Damage that occurs to the embryo during critical growth times may lead to irreversible disabilities."

(g) California taxpayers spend billions of dollars on public education each year, yet there are few programs designed specifically to help prepare children to enter school in good health, ready and able to learn, and emotionally well developed. Children who succeed in school are far more likely to engage in meaningful social, economic, and civic participation as adults and to avoid the use of tobacco and other addictive substances.

(h) Dollars spent now on well-coordinated programs that enable children to begin school healthy, ready and able to learn, and emotionally well developed will save billions of dollars in remedial programs, treatment services, social services, and our criminal justice system.

(i) The well-being of California's infants and children is endangered. Each year, tens of thousands of children are born exposed to tobacco, drugs, and alcohol. Cigarette smoking and other tobacco use by pregnant women and new parents represent a significant threat to the healthy development of infants and young children. Smoking is the leading preventable cause of death and disease in California.

(j) Studies published by the American Lung Association state: "Smoking during pregnancy accounts for an estimated 20 to 30 percent of low birth weight babies, up to 14 percent of preterm deliveries, and some 10 percent of all infant deaths. Maternal smoking has been linked to asthma among infants and young children."

(k) Research and studies demonstrate that low birth weight infants are particularly at risk for severe physical and developmental complications.

(l) Studies by the federal Environmental Protection Agency demonstrate an increased risk of sudden infant death syndrome (SIDS) in infants of mothers who smoke. The federal Environmental Protection Agency also estimates that secondhand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age annually, resulting in between 7,500 and 15,000 hospitalizations each year.

(m) The California Children and Families First Act of 1998 addresses these issues by facilitating the creation of a seamless system of integrated and comprehensive programs and services, and a funding base for the system with program and financial accountability, that will:

(1) Establish community-based programs to provide parental education and family support services relevant to effective childhood development. These services shall include education and skills training in nurturing and in avoidance of tobacco, drugs, and alcohol during pregnancy. Emphasis will be on services not provided by existing programs and on the consolidation of existing programs and new services provided pursuant to this act into an integrated system from the consumer's perspective.

(2) Educate the public, using mass media, on the importance and the benefits of nurturing, health care, family support, and child care; and inform involved professionals and the general public about programs that focus on early childhood development.

(3) Educate the public, using mass media, on the dangers caused by smoking and other tobacco use by pregnant women to themselves and to infants and young children, and the dangers of secondhand smoke to all children.

(4) Encourage pregnant women and parents of young children to quit smoking.

(n) A 50-cent-per-pack increase in the state surtax on cigarettes and an equivalent increase in the state surtax on tobacco products to fund anti-smoking and early childhood development programs is necessary, appropriate, and in the public interest.

SEC. 3. Section 7 is added to Article XIII A of the Constitution, to read:

SEC. 7. Section 3 of this article does not apply to the California Children and Families First Act of 1998.

SEC. 4. Section 13 is added to Article XIII B of the Constitution, to read:

SEC. 13. "Appropriations subject to limitation" of each entity of government shall not include appropriations of revenue from the California Children and Families First Trust Fund created by the California Children and Families First Act of 1998. No adjustment in the appropriations limit of any entity of government shall be required pursuant to Section 3 as a result of revenue being deposited in or appropriated from the California Children and Families First Trust Fund. The surtax created by the California Children and Families First Act of 1998 shall not be considered General Fund revenues for the purposes of Section 8 of Article XVI.

SEC. 5. Division 108 (commencing with Section 130100) is added to the Health and Safety Code, to read:

DIVISION 108. CALIFORNIA CHILDREN AND FAMILIES FIRST PROGRAM

130100. There is hereby created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age. These purposes shall be accomplished through the establishment, institution, and coordination of appropriate standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care, and research.

(a) It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decisionmaking, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems.

(b) The programs authorized by this act shall be administered by the California Children and Families First Commission and by county children and families first commissions. In administering this act, the state and county commissions shall use outcome-based accountability to determine future expenditures.

(c) This division shall be known and may be cited as the "California Children and Families First Act of 1998."

130105. The California Children and Families First Trust Fund is hereby created in the State Treasury.

(a) The California Children and Families First Trust Fund shall consist of moneys collected pursuant to the taxes imposed by Section 30131.2 of the Revenue and Taxation Code.

(b) All costs to implement this act shall be paid from moneys deposited in the California Children and Families First Trust Fund.

(c) The State Board of Equalization shall determine within one year of the passage of this act the effect that additional taxes imposed on cigarettes and tobacco products by this act has on the consumption of cigarettes and tobacco products in this state. To the extent that a decrease in consumption is determined by the State Board of Equalization to be the direct result of additional taxes imposed by this act, the State Board of Equalization shall determine the fiscal effect the decrease in consumption has on the funding of any Proposition 99 (the Tobacco Tax and Health Protection Act of 1988) state health-related education or research programs in effect as of November 1, 1998, and the Breast Cancer Fund programs that are funded by excise taxes on cigarettes and tobacco products. Funds shall be transferred from the California Children and Families First Trust Fund to those affected programs as necessary to offset the revenue decrease directly resulting from the imposition of additional taxes by this act. Such reimbursements shall occur, and at such times, as determined necessary to further the intent of this subdivision.

(d) Moneys shall be allocated and appropriated from the California Children and Families First Trust Fund as follows:

(1) Twenty percent shall be allocated and appropriated to separate accounts of the state commission for expenditure according to the following formula:

(A) Six percent shall be deposited in a Mass Media Communications Account for expenditures for communications to the general public utilizing television, radio, newspapers, and other mass media on subjects relating to and furthering the goals and purposes of this act, including, but not limited to, methods of nurturing and parenting that encourage proper childhood development, the informed selection of child care, information regarding health and social services, the prevention of tobacco, alcohol, and drug use by pregnant women, and the detrimental effects of secondhand smoke on early childhood development.

(B) Five percent shall be deposited in an Education Account for expenditures for programs relating to education, including, but not limited to, the development of educational materials, professional and parental education and training, and technical support for county commissions in the areas described in subparagraph (A) of paragraph (1) of subdivision (b) of Section 130125.

(C) Three percent shall be deposited in a Child Care Account for expenditures for programs relating to child care, including, but not limited to, the education and training of child care providers, the development of educational materials and guidelines for child care workers, and other areas described in subparagraph (B) of paragraph (1) of subdivision (b) of Section 130125.

(D) Three percent shall be deposited in a Research and Development Account for expenditures for the research and development of best practices and standards for all programs and services relating to early childhood development established pursuant to this act, and for the assessment and quality evaluation of such programs and services.

(E) One percent shall be deposited in an Administration Account for expenditures for the administrative functions of the state commission.

(F) Two percent shall be deposited in an Unallocated Account for expenditure by the state commission for any of the purposes of this act described in Section 130100 provided that none of these moneys shall be expended for the administrative functions of the state commission.

(G) In the event that, for whatever reason, the expenditure of any moneys allocated and appropriated for the purposes specified in subparagraphs (A) to (F), inclusive, is enjoined by a final judgment of a court of competent jurisdiction, then those moneys shall be available for expenditure by the state commission for mass media communication emphasizing the need to eliminate smoking and other tobacco use by pregnant women, the need to eliminate smoking and other tobacco use by persons under 18 years of age, and the need to eliminate exposure to secondhand smoke.

(H) Any moneys allocated and appropriated to any of the accounts described in subparagraphs (A) to (F), inclusive, that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued

interest on the amount) revert to and remain in the same account for the next fiscal period.

(2) Eighty percent shall be allocated and appropriated to county commissions in accordance with Section 130140.

(A) The moneys allocated and appropriated to county commissions shall be deposited in each local Children and Families First Trust Fund administered by each county commission, and shall be expended only for the purposes authorized by this act and in accordance with the county strategic plan approved by each county commission.

(B) Any moneys allocated and appropriated to any of the county commissions that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same local Children and Families First Trust Fund for the next fiscal period under the same conditions as set forth in subparagraph (A).

(e) All grants, gifts, or bequests of money made to or for the benefit of the state commission from public or private sources to be used for early childhood development programs shall be deposited in the California Children and Families First Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the state commission pursuant to paragraph (1) of subdivision (d).

(f) All grants, gifts, or bequests of money made to or for the benefit of any county commission from public or private sources to be used for early childhood development programs shall be deposited in the local Children and Families First Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the county commissions pursuant to paragraph (2) of subdivision (d).

130110. There is hereby established a California Children and Families First Commission composed of seven voting members and two ex officio members.

(a) The voting members shall be selected, pursuant to Section 130115, from persons with knowledge, experience, and expertise in early child development, child care, education, social services, public health, the prevention and treatment of tobacco and other substance abuse, behavioral health, and medicine (including, but not limited to, representatives of statewide medical and pediatric associations or societies), upon consultation with public and private sector associations, organizations, and conferences composed of professionals in these fields.

(b) The Secretary of Health and Welfare and the Secretary of Child Development and Education, or their designees, shall serve as ex officio nonvoting members of the state commission.

130115. The Governor shall appoint three members of the state commission, one of whom shall be designated as chairperson. One of the Governor's appointees shall be either a county health officer or a county health executive. The Speaker of the Assembly and the Senate Rules Committee shall each appoint two members of the state commission. Of the members first appointed by the Governor, one shall serve for a term of four years, and two for a term of two years. Of the members appointed by the Speaker of the Assembly and the Senate Rules Committee, one appointed by the Speaker of the Assembly and the Senate Rules Committee shall serve for a period of four years with the other appointees to serve for a period of three years. Thereafter, all appointments shall be for four-year terms. No appointee shall serve as a member of the state commission for more than two four-year terms.

130120. The state commission shall, within three months after a majority of its voting members have been appointed, hire an executive director. The state commission shall thereafter hire such other staff as necessary or appropriate. The executive director and staff shall be compensated as determined by the state commission, consistent with moneys available for appropriation in the Administration Account. All professional staff employees of the state commission shall be exempt from civil service. The executive director shall act under the authority of, and in accordance with the direction of, the state commission.

130125. The powers and duties of the state commission shall include, but are not limited to, the following:

(a) Providing for statewide dissemination of public information and educational materials to members of the general public and to professionals for the purpose of developing appropriate awareness and knowledge regarding the promotion, support, and improvement of early childhood development.

(b) Adopting guidelines for an integrated and comprehensive statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California.

(1) The state commission's guidelines shall, at a minimum, address the following matters:

(A) Parental education and support services in all areas required for, and relevant to, informed and healthy parenting. Examples of parental education shall include, but are not limited to, prenatal and postnatal infant and maternal nutrition, education and training in newborn and infant care and nurturing for optimal early childhood development,

parenting and other necessary skills, child abuse prevention, and avoidance of tobacco, drugs, and alcohol during pregnancy. Examples of parental support services shall include, but are not limited to, family support centers offering an integrated system of services required for the development and maintenance of self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and such other prevention and family services and counseling critical to successful early childhood development.

(B) The availability and provision of high quality, accessible, and affordable child care, both in-home and at child care facilities, that emphasizes education, training and qualifications of care providers, increased availability and access to child care facilities, resource and referral services, technical assistance for caregivers, and financial and other assistance to ensure appropriate child care for all households.

(C) The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings, and treatment services not covered by other programs.

(2) The state commission shall conduct at least one public hearing on its proposed guidelines before they are adopted.

(3) The state commission shall, on at least an annual basis, periodically review its adopted guidelines and revise them as may be necessary or appropriate.

(c) Defining the results to be achieved by the adopted guidelines, and collecting and analyzing data to measure progress toward attaining such results.

(d) Providing for independent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development, and establishing and monitoring demonstration projects.

(e) Soliciting input regarding program policy and direction from individuals and entities with experience in early childhood development, facilitating the exchange of information between such individuals and entities, and assisting in the coordination of the services of public and private agencies to deal more effectively with early childhood development.

(f) Providing technical assistance to county commissions in adopting and implementing county strategic plans for early childhood development.

(g) Reviewing and considering the annual audits and reports transmitted by the county commissions and, following a public hearing, adopting a written report that consolidates, summarizes, analyzes, and comments on those annual audits and reports.

(h) Applying for gifts, grants, donations, or contributions of money, property, facilities, or services from any person, corporation, foundation, or other entity, or from the state or any agency or political subdivision thereof, or from the federal government or any agency or instrumentality thereof, in furtherance of a statewide program of early childhood development.

(i) Entering into such contracts as necessary or appropriate to carry out the provisions and purposes of this act.

(j) Making recommendations to the Governor and the Legislature for changes in state laws, regulations, and services necessary or appropriate to carry out an integrated and comprehensive program of early childhood development in an effective and cost-efficient manner.

130130. Procedures for the conduct of business by the state commission not specified in this act shall be contained in bylaws adopted by the state commission. A majority of the voting members of the state commission shall constitute a quorum. All decisions of the state commission, including the hiring of the executive director, shall be by a majority of four votes.

130135. Voting members of the state commission shall not be compensated for their services, except that they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the state commission.

130140. Any county or counties developing, adopting, promoting, and implementing local early childhood development programs consistent with the goals and objectives of this act shall receive moneys pursuant to paragraph (2) of subdivision (d) of Section 130105 in accordance with the following provisions:

(a) For the period between January 1, 1999 and

June 30, 2000, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the entire number of births recorded in California (for the same period), provided that each of the following requirements has first been satisfied:

(1) The county's board of supervisors has adopted an ordinance containing the following minimum provisions:

(A) The establishment of a county children and families first commission. The county commission shall be appointed by the board of supervisors and shall consist of at least five but not more than nine members.

(i) Two members of the county commission shall be from among the county health officer and persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services.

(ii) One member of the county commission shall be a member of the board of supervisors.

(iii) The remaining members of the county commission shall be from among the persons described in clause (i) and persons from the following categories: recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

(B) The manner of appointment, selection, or removal of members of the county commission, the duration and number of terms county commission members shall serve, and any other matters that the board of supervisors deems necessary or convenient for the conduct of the county commission's activities, provided that members of the county commission shall not be compensated for their services, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the county commission.

(C) The requirement that the county commission adopt an adequate and complete county strategic plan for the support and improvement of early childhood development within the county.

(i) The county strategic plan shall be consistent with, and in furtherance of the purposes of, this act and any guidelines adopted by the state commission pursuant to subdivision (b) of Section 130125 that are in effect at the time the plan is adopted.

(ii) The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.

(iii) The county commission shall, on at least an annual basis, be required to periodically review its county strategic plan and to revise the plan as may be necessary or appropriate.

(D) The requirement that the county commission conduct at least one public hearing on its proposed county strategic plan before the plan is adopted.

(E) The requirement that the county commission conduct at least one public hearing on its periodic review of the county strategic plan before any revisions to the plan are adopted.

(F) The requirement that the county commission submit its adopted county strategic plan, and any subsequent revisions thereto, to the state commission.

(G) The requirement that the county commission prepare and adopt an annual audit and report pursuant to Section 130150. The county commission shall conduct at least one public hearing prior to adopting any annual audit and report.

(H) The requirement that the county commission conduct at least one public hearing on each annual report by the state commission prepared pursuant to subdivision (b) of Section 130150.

(I) Two or more counties may form a joint county commission, adopt a joint county strategic plan, or implement joint programs, services, or projects.

(2) The county's board of supervisors has established a county commission and has appointed a majority of its members.

(3) The county has established a local Children and Families First Trust Fund pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.

(b) Notwithstanding any provision of this act to the contrary, no moneys made available to county commissions under subdivision (a) shall be expended to provide, sponsor, or facilitate any programs, services, or projects for early childhood development until and unless the county commission has first adopted an adequate and complete county strategic plan that contains the provisions required by clause (ii) of subparagraph (C) of paragraph (1) of subdivision (a).

(c) In the event that any county elects not to participate in the California Children and Families First Program, the

moneys remaining in the California Children and Families First Trust Fund shall be reallocated and reappropriated to participating counties in the following fiscal year.

(d) For the fiscal year commencing on July 1, 2000, and for each fiscal year thereafter, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the number of births recorded in all of the counties participating in the California Children and Families First Program (for the same period), provided that each of the following requirements has first been satisfied:

(1) The county commission has, after the required public hearings, adopted an adequate and complete county strategic plan conforming to the requirements of subparagraph (C) of paragraph (1) of subdivision (a), and has submitted the plan to the state commission.

(2) The county commission has conducted the required public hearings, and has prepared and submitted all audits and reports required pursuant to Section 130150.

(3) The county commission has conducted the required public hearings on the state commission annual reports prepared pursuant to subdivision (b) of Section 130150.

(e) In the event that any county elects not to continue participation in the California Children and Families First Program, any unencumbered and unexpended moneys remaining in the local Children and Families First Trust Fund shall be returned to the California Children and Families First Trust Fund for reallocation and reappropriation to participating counties in the following fiscal year.

130145. The state commission and each county commission shall establish one or more advisory committees to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of this act. Each advisory committee shall meet and shall make recommendations and reports as deemed necessary or appropriate.

130150. On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.

(a) The audits and reports of each county commission shall be transmitted to the state commission.

(b) The state commission shall, on or before January 31 of each year, prepare a written report that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the county commissions for the preceding fiscal year. This report by the state commission shall be transmitted to the Governor, the Legislature, and each county commission.

(c) The state commission shall make copies of each of its annual audits and reports available to members of the general public on request and at no cost. The state commission shall furnish each county commission with copies of those documents in a number sufficient for local distribution by the county commission to members of the general public on request and at no cost.

(d) Each county commission shall make copies of its annual audits and reports available to members of the general public on request and at no cost.

130155. The following definitions apply for purposes of this act:

(a) "Act" means the California Children and Families First Act of 1998.

(b) "County commission" means each county children and families first commission established in accordance with Section 130140.

(c) "County strategic plan" means the plan adopted by each county children and families first commission and submitted to the California Children and Families First Commission pursuant to Section 130140.

(d) "State commission" means the California Children and Families First Commission established in accordance with Section 130110.

SEC. 6. Article 3 (commencing with Section 30131) is added to Chapter 2 of Part 13 of Division 2 of the Revenue and Taxation Code, to read:

Article 3. California Children and Families First Trust Fund Account

30131. Notwithstanding Section 30122, the California Children and Families First Trust Fund is hereby created in the State Treasury for the exclusive purpose of funding those provisions of the California Children and Families First Act of 1998 that are set forth in Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.1. The following definitions apply for purposes of this article:

(a) "Cigarette" has the same meaning as in Section 30003, as it read on January 1, 1997.

(b) "Tobacco products" includes, but is not limited to, all forms of cigars, smoking tobacco, chewing tobacco, snuff, and any other articles or products made of, or containing at least 50 percent, tobacco, but does not include cigarettes.

30131.2. (a) In addition to the taxes imposed upon the distribution of cigarettes by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121) and any other taxes in this chapter, there shall be imposed an additional surtax upon every distributor of cigarettes at the rate of twenty-five mills ($0.025) for each cigarette distributed.

(b) In addition to the taxes imposed upon the distribution of tobacco products by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121), and any other taxes in this chapter, there shall be imposed an additional tax upon every distributor of tobacco products, based on the wholesale cost of these products, at a tax rate, as determined annually by the State Board of Equalization, which is equivalent to the rate of tax imposed on cigarettes by subdivision (a).

30131.3. Except for payments of refunds made pursuant to Article 1 (commencing with Section 30361) of Chapter 6, reimbursement of the State Board of Equalization for expenses incurred in the administration and collection of the taxes imposed by Section 30131.2, and transfers of funds in accordance with subdivision (c) of Section 130105 of the Health and Safety Code, all moneys raised pursuant to the taxes imposed by Section 30131.2 shall be deposited in the California Children and Families First Trust Fund and are continuously appropriated for the exclusive purpose of the California Children and Families First Program established by Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.4. All moneys raised pursuant to taxes imposed by Section 30131.2 shall be appropriated and expended only for the purposes expressed in the California Children and Families First Act, and shall be used only to supplement existing levels of service and not to fund existing levels of service. No moneys in the California Children and Families First Trust Fund shall be used to supplant state or local General Fund money for any purpose.

30131.5. The annual determination required of the State Board of Equalization pursuant to subdivision (b) of Section 30131.2 shall be made based on the wholesale cost of tobacco products as of March 1, and shall be effective during the state's next fiscal year.

30131.6. The taxes imposed by Section 30131.2 shall be imposed on every cigarette and on tobacco products in the possession or under the control of every dealer and distributor on and after 12:01 a.m. on January 1, 1999, pursuant to rules and regulations promulgated by the State Board of Equalization.

SEC. 7. Effective date. Notwithstanding the imposition of the taxes authorized by Section 30131.2 of the Revenue and Taxation Code as of January 1, 1999, this act shall take effect and become operative on the date that the Secretary of State certifies the results of the election at which this act was approved.

SEC. 8. Amendment. This act may be amended only by a vote of two-thirds of the membership of both houses of the Legislature. All amendments to this act shall be to further the act and must be consistent with its purposes.

SEC. 9. Liberal construction. The provisions of this act shall be liberally construed to effectuate its purposes of promoting, supporting, and improving early childhood development from the prenatal stage to five years of age.

SEC. 10. No conflict with other laws. The provisions of this act are intended to be in addition to and not in conflict with any other initiative measure that may be adopted by the people at the November 1998 election, and the provisions of this act shall be interpreted and construed so as to avoid conflicts with any such measure whenever possible.

SEC. 11. Severability. If any provision of this act, or part thereof, is for any reason held to be invalid or unconstitutional, the remaining provisions shall not be affected, but shall remain in full force and effect, and to this end the provisions of this act are severable.

Appendix F
SUMMARY OF COMMENTS FROM THE PUBLIC HEARINGS (HELD IN APRIL/MAY 2000)

SOURCE	SECTION/COMMENT	RESPONSE	KEY DECISION POINTS
	Vision		
	No comments		
	Community Voices		
Vietnamese	Pay more attention to early health prevention	✔	
Vietnamese	Services must be delivered by linguistically appropriate workers.	✔	
Spanish	I think #5 (prevention and early intervention) is a really good one.	◆	
Spanish	I totally agree that early intervention is necessary. We also need to value the knowledge that parents and children have.	✔	
	Needs, Resources and Gaps		
South Co.	South Co. has many needs; Gilroy has highest percentage of CalWORKS recipients per capita in the County.	**0**	See F.1 (refer to *Key Decision Points* document, May 10)
South Co.	Funding for kids' health services beyond MediCal; improve funding rates in South Co.	✔	
South Co.	South Co. needs more pediatric dentists.	✔	

Key to "Response" Symbols:

✔ Already addressed in plan **0** Not addressed in plan ◆ General comment or statement of support ☛ Beyond the scope of Prop. 10

South Co.	Migrant families from across the country need access to services.	**0**	See F.2 (refer to *Key Decision Points* document, May 10)
South Co.	Many young kids are far behind in literacy.	**0**	See F.3 (refer to *Key Decision Points* document, May 10)
South Co.	Need quality child care with adequate training on diversity issues and cultural sensitivity	✔	
South Co.	Lack of adequate pay scale and training for child care workers	✔	
South Co.	Teen parent support	✔	
South Co.	Cycle of teen pregnancy through family generations	✔	
South Co.	Need check and balance systems to ensure child care is of high quality; limited administrative funds to hire personnel to monitor child care	✔	
South Co.	Subsidized child care for the working poor	✔	
South Co.	Need to maintain cultural values and sensitivity with children	✔	
North Co.	Cannot find new child care teachers; not just turnover, actually losing staff and not able to replace	✔	
North Co.	Child care rooms are available but unused because not enough staff	✔	
North Co.	Child care teachers are paying 75% of their salaries for housing rental.	✔	
North Co.	School with capacity of 150 in Palo Alto that pays relatively well, but not able to take 150 kids because they cannot fill staff positions	✔	
North Co.	Child care teacher for 11 years and can't afford a studio apartment	✔	
North Co.	Children without insurance really need a medical home.	✔	

Key to "Response" Symbols:

✔ Already addressed in plan **0** Not addressed in plan ◆ General comment or statement of support ☛ Beyond the scope of Prop. 10

North Co.	Big need for dental care for children without insurance. Even a clinic working 7 days a week, all day, would not meet the need for dental care among children.	✔	
North Co.	85,000 children with learning problems; if their needs are not met, they will drop out, abuse drugs and alcohol, get pregnant, etc.	✔	
North Co.	Low wages are a terrible tragedy for child care teachers	✔	
North Co.	Country is getting richer, but children and families are often doing worse	✔	
North Co.	Must start working with children's health very early	✔	
North Co.	Kids that don't know basics in kindergarten — shapes, letters, numbers, etc. — think that they must be stupid or slow, and they actually "drop out" in the early years of elementary school.	**0**	See F.5 (refer to *Key Decision Points* document, May 10)
North Co.	Early stimulation through talking and reading with very young children is vital.	✔	
North Co.	Child care compensation issue has huge affect on children; not just a problem for staff.	✔	
Spanish	Literacy is an issue, particularly for parents	✔	
Spanish	Better support and sensitivity from public agencies	✔	
Spanish	Cultural sensitivity in child care	✔	
Spanish	Parents are most important to children; support them with more programs, services and activities	✔	
Spanish	Family programs are needed that involve all family members and help them create solutions together	✔	
Spanish	Providers have tried hard to learn their skills and try to learn all of the time	◆	
Spanish	Families need proper advertising of available services and more outreach	✔	
Spanish	Latino families need support, information, and attention from agencies.	✔	
Spanish	Providers with high levels of education need to be utilized.	✔	

Key to "Response" Symbols:

✔ Already addressed in plan **0** Not addressed in plan ◆ General comment or statement of support ☛ Beyond the scope of Prop. 10

Spanish	Children need many opportunities to be involved in activities.	✔	
Vietnamese	Increase the number of child care facilities; costs must be reasonable; give priority to low-income and single parent families	✔	
Vietnamese	High quality child care needs to be available to families that need support and that cannot count on anybody else	✔	
Vietnamese	Certified, well trained child care staff that is affordable	✔	
Vietnamese	Safety in apartment buildings for children; safe areas for children to play and not stay inside all of the time	✔	
Vietnamese	Children very sensitive to television; concern over violence; need close watching and care	**0**	See C.3 (refer to *Key Decision Points* document, May 10)
Vietnamese	Low teachers' salary, especially with kindergarten children	✔	
Vietnamese	Lacking nutritious food for children	✔	
Vietnamese	Family conflicts due to insufficient housing; no privacy, especially for large families	✔	
Vietnamese	Parents that lack English skills need help with their children.	✔	
Vietnamese	Increase teachers' salaries.	✔	
Vietnamese	Housing for new immigrants with families	✔	
Written	Need child care for low-income and homeless families	✔	
Vietnamese	Large population of Vietnamese in Santa Clara County; cultural retainment needs; in-line with other ethnicities	**0**	See F.6 (refer to *Key Decision Points* document, May 10)
Vietnamese	Housing access and affordability for families; application rejections	✔	

Key to "Response" Symbols:

✔ Already addressed in plan **0** Not addressed in plan ◆ General comment or statement of support ☛ Beyond the scope of Prop. 10

Vietnamese	Lack of respect and morals, ethics, respect for others and elders; culture of respect is needed	**0**	See C.16 (refer to *Key Decision Points* document, May 10)
Vietnamese	Streets must be well-lit, schools must be spacious and well-regulated (air conditioned)	☛	
Vietnamese	Good drinking water	**0**	See C.15 (refer to *Key Decision Points* document, May 10)
Vietnamese	More libraries in proximity of housing areas	**0**	See B.4 (refer to *Key Decision Points* document, May 10)
Vietnamese	School and neighborhood community must cooperate to provide better education to the children; hold meetings between the two	**0**	See C.11 (refer to *Key Decision Points* document, May 10)
Central Co.	78% of CalWORKS customers are in SJ; San Jose has largest gaps in child care	**0**	See F.1 (refer to *Key Decision Points* document, May 10)
Central Co.	The rate of African American children in the child welfare system is disproportionately high.	✔	
Central Co.	The rate of Native American children in the child welfare system is disproportionately high.	**0**	See F.7 (refer to *Key Decision Points* document, May 10)
Central Co.	Many people with undocumented status in this country lack access to services and benefits for themselves and their children. These families participate in the workforce and contribute to the economy.	**0**	See F.2 (refer to *Key Decision Points* document, May 10)

Key to "Response" Symbols:

✔ Already addressed in plan **0** Not addressed in plan ◆ General comment or statement of support ☛ Beyond the scope of Prop. 10

	Goals, Objectives and Indicators		
	Goal 1: *Families provide safe, stable, loving stimulating homes for children.*		
Central Co.	Goal 1 is consistent with City of San Jose's efforts to strengthen families—after school programs, sports and arts, youth services, anti-graffitti, employment centers, holistic family support, gang-prevention task force, LEARNS program	◆	
Vietnamese	Need to ensure that families have adequate foods, health care, housing and transportation	✔	
Vietnamese	More food, better health care, housing and transportation	✔	
Vietnamese	Reduce violence	✔	
Vietnamese	More supportive services to parents with young children	✔	
Spanish	Long-term objective B provides support for parents while they're recovering, which will benefit parents and their children.	◆	
Spanish	It's very important to support parents who live with 3 or 4 families in one house, because children could be physically, mentally, or sexually abused by other people living with them.	✔	
Spanish	Let's not forget that it's not just low-income families that need affordable child care in Santa Clara County, but even some middle class families who are finding it difficult to afford quality child care in this county.	✔	
Vietnamese	Allow more families to receive housing benefits, transportation (buy cars at low cost), better food and health care.	✔	
	Goal 2: *All children are born healthy and experience optimal health.*		
Vietnamese	Increase health insurance for families with children	✔	

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Vietnamese	Support long-term objectives A, B and C	◆	
Vietnamese	More nutrition for children	✔	
Vietnamese	Increase health insurance for children and parents	✔	
Vietnamese	Support long-term objectives B, C and D	◆	
Spanish	Increase medical services for pregnant women, especially for those women with children suffering hereditary birth defects like "Cleft Palate."	**0**	See E.1 (refer to *Key Decision Points* document, May 10)
Spanish	Inform parents about services available to them	✔	
Spanish	Inform parents about places with free services to them	✔	
Spanish	I believe health is an important issue for the Latino Community.	◆	
Spanish	I support the idea of more health coverage.	◆	
Spanish	Provide families and children with medical coverage.	✔	
	Goal 3: *Young children will actively learn about themselves and their world, both inside and outside the home, and will enter school fully prepared to succeed academically, emotionally and socially.*		
Central Co.	Goal 3 is consistent with City of San Jose's goal of starting Smart Start centers (leverage funds), small business assistance programs, increasing enrollment in child care centers, and the LINCC project (priority strategies 6,7,9,10).	◆	
Vietnamese	Support for short-term objectives c, e and i	◆	
Vietnamese	Ensure that more young children are able to attend pre-school	✔	
Vietnamese	Increase pre-school participation and pre-school availability	✔	
Vietnamese	More teachers	✔	

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Vietnamese	Emphasize long-term objectives B and C	◆	
Vietnamese	Availability of early learning (pre-K and K) materials in Vietnamese	✔	
Spanish	Parents need to read to their children	✔	
Spanish	Promote more of the importance of reading to children at an early age	✔	
Spanish	Parents as well as their children, need to be able to read and write in their own language	✔	
Spanish	Support for short-term objectives a, d, e, f, g	◆	
Spanish	More teachers whose real vocation/calling is to be caring for children at child care centers or educational centers	✔	
Spanish	Parents with more information about early childhood development	✔	
Spanish	Improve child care provider's training and more requirements to improve child care quality	✔	
Spanish	Provide an opportunity for every child care provider to become licensed	✔	
Spanish	Provide training for early childhood staff and providers on inter-cultural activities and how to communicate with a diverse and changing community.	✔	
	Goal 4: *Neighborhoods and communities will be places where children are safe, neighbors are connected and all cultures are respected.*		
Central Co.	Goal 4 is consistent with the City of San Jose's neighborhood strategies: neighborhood development centers, HUD programs, facility plan for recreation facilities, multi-service neighborhood centers (priority strategies 2,11).	◆	
Spanish	Support long-term objective A	◆	
Spanish	Reduce the number of children in gangs, who destroy our communities with graffiti, drive our streets like crazy leaving marks with their tires and destroy walls.	✔	

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Spanish	Support short-term objectives a, b	◆	
Spanish	Share cultures instead of competing against cultures.	✔	
	Srategies		
Spanish	#1 and 6: Provide information for child care providers and parents through meetings, conferences, seminars; educate about physical and mental health	✔	
Spanish	#1: Yes, it's time to start focusing on parent education that is culturally appropriate for all the different groups in the community.	✔	
Spanish	#1: Address adolescent and teen issues, too; teen parents need support in the long term.	✔	
Spanish	#1: Family units should be maintained and supported	✔	
Spanish	#1: Parent consciousness for kids' issues should be elevated; provider support needed.	✔	
Spanish	#1: Parents need awareness of what is occurring in child care centers.	**0**	See C.1 (refer to *Key Decision Points* document, May 10)
Spanish	#1: Social workers should try to keep families out of the systems.	✔	
Vietnamese	#1: English limitations make teaching children difficult.	✔	
Vietnamese	#1: Improved English language development for Vietnamese parents	✔	
Vietnamese	#1: Parents and teachers work together to understand safety, health and education needs of children.	**0**	See C.1 (refer to *Key Decision Points* document, May 10)
Vietnamese	#1: I agree with strategy #1. It is important that opportunities be given to newly arrived refugees and immigrants to learn English and understand their rights and responsibilities.	◆	
Central Co.	#1: Foster care and adoptive parents for African-American children	✔	
Central Co.	#1: Parent education materials need to be culturally appropriate	✔	

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South Co.	#1: Focus on teen and other fathers, too	**0**	See C.4 (refer to *Key Decision Points* document, May 10)
Central Co.	#1: Work with teen parents on health and safety in relationships.	✔	
Written	#1: ESL classes, classes to assist with GED and driving classes	✔	
Spanish	#2: A One-Stop Center sounds great but where would it be located and how are you going to get all these agencies to work together or collaborate?	◆	
Vietnamese	#2: After school programs for children with special needs	✔	
Vietnamese	#2: I support this strategy. It would be good if health care, medication and transportation were free to families.	◆	
Central Co.	#2: Go to the parents and families that need help; they are withdrawn and need outreach.	✔	
Written	#2: After-school homework programs and activities to help children learn about their cultures	✔	
North Co.	#3: Palo Alto Resources dropped the "Center" from name; don't make people come to a center; ambassador program model trains people to go into their own communities and work with people; person-to-person networking and assistance; ambassadors use the information resources	✔	
North Co.	#3: Palo Alto Family Resources is a tremendous program. Offers on-line access instead having to go to a center.	◆	
Spanish	#3: Information center available to alleviate waiting lists for parents and providers	✔	
Spanish	#3: Professional ethics that demonstrate real, proactive support from agencies for providers; more education about programs and systems; outreach	✔	
Spanish	#3: Spanish-speaking support; more communication channels	✔	

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Spanish	#3: A telephone center to provide orientation and general guidance for child care providers	✔	
Spanish	#3: Demand from agencies to expedite the promotion of child care, because there are a lot of child care providers with time and spaces available and no children to care for	✔	
Spanish	#3: A 1-800 line in Spanish to help the Latino Community	✔	
Vietnamese	#3: I agree, it is important to have more information regarding health, child care and transportation.	◆	
Vietnamese	#3: Provide free transportation to referral sites.	**0**	See C.5 (refer to *Key Decision Points* document, May 10)
Vietnamese	#3: Make information and referral linguistically and culturally sensitive.	✔	
Vietnamese	#3: I strongly support and agree with this idea.	◆	
Written	#3: Support for funding the Ambassador Program	◆	
South Co.	#4: Provide shuttles to San Jose for all health appointments.	**0**	See C.7 (refer to *Key Decision Points* document, May 10)
South Co.	#4: More dental and mental health services	✔	
South Co.	#4: No mention of local clinics for health services funding; people use home-based facilities; need "community-based" clinics	✔	
Spanish	#4: Take nurses to child care centers to immunize children.	✔	
Spanish	#4: Bring nurses to day care centers to provide well-child check-ups, immunizations, dental cleaning, etc.	✔	
North Co.	#4: Must specify community clinics in the work with health issues for alcohol, drugs, tobacco	✔	

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North Co.	#4: Use alliances among existing entities-schools, churches, health clinics, etc. Strengthen this network.	✔	
North Co.	#4: Please keep in the strategies dealing with alcohol, drugs and tobacco. That is really prevention work that will help at-risk children.	◆	
North Co.	#4: Community clinics can address many of the issues that were raised by families regarding access to health care.	◆	
Vietnamese	#4: Protect health of poor families	✔	
Vietnamese	#4: Periodic healthcare check-ups and immunizations; better ability to learn	✔	
Vietnamese	#4: More mobile health clinics and adequate immunization services	✔	
Vietnamese	#4: I agree with strategy #4. It is important that the children have a comprehensive health care and early prevention program.	◆	
Vietnamese	#4: I agree strongly with strategy #4. The children must have better care.	◆	
Vietnamese	#4 and 5: Strategies 4 and 5 are very important. Children's health is very important. The parents' education is equally critical to enable them to provide better care and better nutritional foods for their children.	◆	
Vietnamese	#4: I agree with strategy #4. The health of the children and their family are very important.	◆	
Vietnamese	#4: Need to set up a health care network at local level to serve the children — pre-natal and new born; improve dental care; improve drug abuse prevention	✔	
Vietnamese	#4: It is very essential that the children be provided with better health care. Pregnant mothers also need to be taught how to care for their unborn babies.	✔	

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Vietnamese	#4: Smoking cessation programs	✔	Also see C.2 and C.13 (refer to *Key Decision Points* document, May 10)
North Co.	#4: There is no funding for smoking cessation strategies, but smoking is in the objectives.	✔	Also see C.2 and C.13 (refer to *Key Decision Points* document, May 10)
Central Co.	#4: Tobacco education, asthma education and treatment, etc.	✔	Also see C.2 and C.13 (refer to *Key Decision Points* document, May 10)
Central Co.	#4: Community Health Centers are a model	✔	
Central Co.	#4: Coordinating services/one-stop services are important; families need a medical home; provide links to services for kids with multiple needs— important for low-income, immigrant, non-insured people; use case-management model with support	✔	
Central Co.	#4: It is important to get children to healthcare centers.	◆	
Central Co.	#4: Santa Clara County Home Visiting Program is based on David Olds model. Outcomes include improvements in pre-natal health, children's injury rates, subsequent pregnancy intervals, food stamp reductions in longitudinal studies, child abuse instances, number of sexual partners, and smoking reductions. Public Health Department now instituting a paraprofessional model that teams public health nurse with a parent to conduct visits. This model offers significant potential to expand and help more families.	◆	
Spanish	#5: Nutrition is an important component for any human being. Provide more classes that promote and support balanced and nutritious meals.	✔	

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Vietnamese	#5: Better lunches for school children; meals that children like and prefer	✔	
Vietnamese	#5: I think WIC is a great program and there should be many more programs like WIC to support families in the underserved population.	✔	
Vietnamese	#5: More WIC programs	✔	
Vietnamese	#5: Children must have better nutritional care so they can be as healthy as possible and achieve their developmental potential (through WIC program for example).	✔	
Vietnamese	#5: I strongly agree with strategy #5. Increase education on good nutrition for all. Increase funding for these programs so more people can benefit from them (WIC).	◆	
Written	#5: Expand funding for this strategy to include nutrition reform for San Jose schools	☛	
North Co.	#6: Must make sure to increase compensation for child care teachers	✔	
Spanish	#6: Educational support to better train providers to care for children with special needs and children in general	✔	
Spanish	#6: Support smaller day care centers in neighborhoods and smaller communities.	✔	
Spanish	#6: Help increase wages for providers.	✔	
Spanish	#6: Expand and retain a highly qualified work force	✔	
Spanish	#6: Higher wages for family child care providers and early childhood staff are greatly needed in order to retain quality staff. Monitoring of these programs is also needed to ensure that quality child care is being provided.	✔	
Spanish	#6: Improve existing child care programs	✔	
Spanish	#6: Address child care providers that abuse children	✔	
Spanish	#6: Providers need to apply the skills that they have learned in courses and classes.	◆	

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Spanish	#6: Provide more classes on psychology, education, creativity, nutrition and early childhood.	✔	
Spanish	#6: Recruit better balance of providers across ages	✔	
Spanish	#6: End discrimination in child care centers against ethnicities.	✔	
Spanish	#6: Children who receive quality child care are well taken care of in the future.	◆	
Vietnamese	#6: Child care facilities and schools must have more Vietnamese workers to maintain better communication with Vietnamese parents.	**0**	See C.8 (refer to *Key Decision Points* document, May 10)
Vietnamese	#6: Vietnamese teachers needed throughout the community	**0**	See C.8 (refer to *Key Decision Points* document, May 10)
Vietnamese	#6: Increased teachers' salaries lead to significant improvements in overall education system.	◆	
Vietnamese	#6: I agree with this strategy. More funding is needed to help with job development, with child care facilities and with linguistically appropriate teachers.	◆	
Vietnamese	#6: Schools must give out instruction to parents regarding school policies and procedures and those instructions must be in Vietnamese.	✔	
Vietnamese	#6: More certified child care providers who really love children and who can be role model for them. Better compensation for teachers and child care providers	✔	
Vietnamese	#6: More quality child care facilities with dedicated teachers who can love and care for the children, because working parents don't have enough time to care for their children.	✔	
Vietnamese	#6: I agree with strategy #6. We need more funding to provide for better quality child care providers. The teachers/workers needed to be loving and dedicated so the parents can go to work without worry.	◆	

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South Co.	#7: Many licensed, quality family child care providers in South Co. are new and don't have clients because they are unaffordable at market rates; provide subsidies	✔	
South Co.	#7: Growth & Opportunity has 300 kids on the waiting list due to lack of funds; need subsidies	✔	
Spanish	#7: I believe child care is one of the best ways to help families.	◆	
Vietnamese	#7: Scholarships for children	✔	
Vietnamese	#7: Increase child care allowance to help low-income and single-parent families.	✔	
Vietnamese	#7 and 8: More services to support the children's education, child care facilities, scholarship for young and bright students	✔	
Vietnamese	#7 and 8: Need more child care facilities with reasonable cost so parents can go to work without having to worry about their children	✔	
Vietnamese	#7 and 8: More child care facilities with reasonable cost for low-income families	✔	
Vietnamese	#6, 7 and 8: More subsidies and more child care facilities; the facilities must be spacious, clean and safe; the facilities must have appropriate language workers.	✔	
Vietnamese	#9: Increase early childhood health care to detect in time health problems that can affect our children's education and memory	✔	
Vietnamese	#9: Increase early childhood health care and provide preventive measures	✔	
Central Co.	#9: Only touching the surface for identifying kids with special needs; families need diagnoses and links to services	**0**	See C.6 (refer to *Key Decision Points* document, May 10)
Vietnamese	#9: I agree with strategy #9	◆	
Spanish	#10: Art, music, drawing, dance are the most important programs to let children know how to be more creative, interactive and social.	◆	

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Spanish	#10: Recreational centers with safe, entertaining games for children	✔	
Vietnamese	#10: More educational, entertainment programs for the children to stimulate their growth	✔	
Vietnamese	#10: More physical education for the children	✔	
Vietnamese	#10: More recreation centers for the children	✔	
Vietnamese	#11: Need to coordinate with community-based orgs. to better serve the community	✔	
Vietnamese	#11: More police patrols in low-income housing areas to ensure safety and prevent crimes from occurring	✔	
Vietnamese	#11: I strongly agree with #11. We need more police presence in the neighborhood so the children can be safer.	◆	
Central Co.	#11: Needs assessment should include community asset mapping	**0**	See C.10 (refer to *Key Decision Points* document, May 10)
Vietnamese	#12: More safety measures for traffic: car safety seats for children, pedestrian crossings, bicycle safety classes for the children, etc.	✔	
Vietnamese	#12: Need more people to help the children at crossings	✔	
Vietnamese	#12: More police presence when the children come to school or come out of school and traffic lights at crossings to ensure the safety for your children	✔	
Written	#12: I applaud the effort to put bike lanes on streets.	✔	
Spanish	#13: Support and financial programs for child care providers and parents	✔	
Vietnamese	#13: More housing units; children need to live on the first floor for easy access to playground and to avoid accidents; priority of first floor allocation for families with small children.	**0**	See C.12 (refer to *Key Decision Points* document, May 10)
Vietnamese	#13: Housing for low-income families; difficult strategy, but important	✔	
Vietnamese	#13: Housing costs addressed	✔	

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Vietnamese	#13: Affordable housing for low-income families	✔	
Written	#13: Low-income family housing in safe environment	✔	
Written	#13: Housing program for families who do not qualify for low-income programs to help them save money for a house payment	✔	
Spanish	#14: We have to continue creating laws to help workers with children like the one that allows us to care for our children while their sick.	✔	
Spanish	#14: We have to ask for laws that require that the employer inform his/her employees of any changes in the law and about all the laws that protect children.	✔	
Spanish	#14: Educate the community and parents about these issues	✔	
Vietnamese	#14: Education on health prevention for children and families	✔	
Vietnamese	#14: Alleviate demanding working schedules for teachers so they can spend more time with their families	✔	
Vietnamese	#14: Eliminate drugs and tobacco from our society	**0**	See C.13 (refer to *Key Decision Points* document, May 10)
Vietnamese	#16: Implement measures to minimize violence in the families.	✔	
Central Co.	#16: Programs need to address the offender, not just the victims.	**0**	See C.14 (refer to *Key Decision Points* document, May 10)
Vietnamese	#18: I hope that our children will be living in a healthy and clean environment. Any threat to their health and safety should strongly be considered. We must have a smoke free environment for our children.	✔	
Central Co.	#18: Policies that prohibit use of tobacco in cars, office, doorways, etc.	✔	

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	Other Strategies		
North Co.	Fund special reading program for kids 6 months to 5 years. Designed by pediatricians to promote growth. Program running already in Santa Clara.	**0**	See B.7 (refer to *Key Decision Points* document, May 10)
Spanish	Personnel to control what children eat at school, since so many children do not eat properly at school	☛	
Vietnamese	Children's television viewing needs to be closely monitored.	**0**	See C.3 (refer to *Key Decision Points* document, May 10)
Vietnamese	Screen books and reading materials for the library and for schools to assure that the children have good education materials.	**0**	See C.9 (refer to *Key Decision Points* document, May 10)
Vietnamese	Parents and teachers need to work together on behalf of children.	**0**	See C.1 (refer to *Key Decision Points* document, May 10)
Vietnamese	Tutoring for children; libraries, tutors, etc.	**0**	See B.5 (refer to *Key Decision Points* document, May 10)
Vietnamese	Children need to respect their parents and teachers.	**0**	See C.16 (refer to *Key Decision Points* document, May 10)
Vietnamese	Physical, moral, academic focus in Vietnamese education.; expand moral emphasis in U.S. education.	**0**	See C.16 (refer to *Key Decision Points* document, May 10)

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Vietnamese	Culturally sensitive hotlines/resources for domestic violence for Vietnamese	**0**	See C.14 (refer to *Key Decision Points* document, May 10)
Central Co.	City of San Jose would like to see effective strategy directives that emphasize partnerships, collaboratives, etc.	✔	
Central Co.	Integrated approaches for children are important.	✔	
Central Co.	Build on innovative resources and partnerships	✔	
CFC	Create water fluoridation program	**0**	See B.6 (refer to *Key Decision Points* document, May 10)
Spanish	Create a fund to provide health assistance for children with special needs and for low-income families.	**0**	See C.6 (refer to *Key Decision Points* document, May 10)
Vietnamese	Increase and encourage more parent participation in the kindergarten program; good cooperation between the teachers and parents	**0**	See C.1 (refer to *Key Decision Points* document, May 10)
	FUNDING PRIORITIES		
Vietnamese	*Strategies 1 and 2:* I agree with 1 and 2 regarding the funding level.	◆	
Vietnamese	*Strategy 3:* Increase funding to 8%.	**0**	See D.4 (refer to *Key Decision Points* document, May 10)
North Co.	*Strategy 6:* More money for child care salaries; we are in a crisis; other funding avenues are being pursued as well	**0**	See D.5 (refer to *Key Decision Points* document, May 10)

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Vietnamese	*Strategies 6 and 7:* More attention be paid to these strategies	**0**	See D.5 and D.6 (refer to *Key Decision Points* document, May 10)
Written	*Strategies 6, 7 and 8:* Strong support for existing funding levels	◆	
North Co.	*Strategy 7:* Spend more money on affordable child care.	**0**	See D.6 (refer to *Key Decision Points* document, May 10)
North Co.	*Strategy 7:* Make affordable child care a higher priority in the plan.	**0**	See D.6 (refer to *Key Decision Points* document, May 10)
Vietnamese	*Strategy 8:* I agree with strategy #8. I suggest we allocate more funds for this strategy so our children can receive better care and better safety.	**0**	See D.7 (refer to *Key Decision Points* document, May 10)
North Co.	*Strategy 8:* 2% is not enough for child care facilities.	**0**	See D.7 (refer to *Key Decision Points* document, May 10)
Central Co.	*Strategy 8:* Child care efforts help the workforce, and subsidies for the working poor are good, but more facilities are needed.	**0**	See D.7 (refer to *Key Decision Points* document, May 10)
Central Co.	*Strategy 8:* Needs more emphasis to make the child care picture more complete.	**0**	See D.7 (refer to *Key Decision Points* document, May 10)
Central Co.	*Strategy 1 and 13:* Housing, counseling, parenting skills are highest priority.	**0**	See D.3 and B.1 (refer to *Key Decision Points* document, May 10)

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Central Co.	*Strategy 13:* Fund strategy 13.	**0**	See B.1 (refer to *Key Decision Points* document, May 10)
Vietnamese	*Strategy 13:* We request assistance for housing for low-income families with many children. Housing is too expensive and difficult to rent when you have children.	**0**	See B.1 (refer to *Key Decision Points* document, May 10)
Vietnamese	*Strategy 13:* I strongly support this idea. Please allow sufficient fund to achieve this goal.	**0**	See B.1 (refer to *Key Decision Points* document, May 10)
Written	*Strategy 13:* Develop home sharing programs, particularly for single parents.	**0**	See C.12 (refer to *Key Decision Points* document, May 10)
Vietnamese	*Strategy 16:* Domestic violence seems to be a common thing in my culture. It's happening every day! I hope that this violence will soon stop. Everyone deserves to live in peace and safety. Please fund more programs to help destroy domestic violence.	**0**	See B.2 (refer to *Key Decision Points* document, May 10)
Vietnamese	*Strategy 20*: I agree with strategy 20. We must educate the children and develop them into strong and good citizens for our future. Please fund.	**0**	See B.3 (refer to *Key Decision Points* document, May 10)
Central Co.	Build tobacco education into all priorities.	**0**	See C.2 (refer to *Key Decision Points* document, May 10)
CFC	Focus priorities further (fund fewer strategies).	**0**	See A.1 (refer to *Key Decision Points* document, May 10)

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	Allocations Plan		
Central Co.	Require Developmental Assets training as part of allocations process.	◆	See H.3 (refer to *Key Decision Points* document, May 10)
Central Co.	Stay focused on objectives. Avoid open-ended process. Achieve objectives of ECDC. Enhance and support programs and services that work.	◆	See H.5 (refer to *Key Decision Points* document, May 10)
Central Co.	Fund only programs that are tobacco-free and that encourage clients to be tobacco-free.	◆	See H.2 (refer to *Key Decision Points* document, May 10)
North Co.	Propose 80/20 split with 80% for on-going funding of programs and 20% going to one-time only or short term funding projects; shrink 20% pot each year as funding total goes down.	◆	See H.1 (refer to *Key Decision Points* document, May 10)
North Co.	Very important to leverage limited dollars, especially when dollars are going to shrink.	◆	See H.6 (refer to *Key Decision Points* document, May 10)
North Co.	AB212 (Aroner) proposes statewide child care staff compensation matching fund. Prop 10 funds could match.	◆	See H.4 (refer to *Key Decision Points* document, May 10)
Central Co.	Leverage funds through innovative sources: volunteer high school services, university-level programs, business community; neighborhood-based resources, matching funds.	◆	See H.6 (refer to *Key Decision Points* document, May 10)

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Spanish	Address what happens after the funding disappears; this funding should generate additional funding sources: partnerships, seminars and training opportunities should continue beyond this funding; long-term planning and stability needed	◆	See H.6 (refer to *Key Decision Points* document, May 10)
South Co.	Encourage collaboration between programs.	◆	See H.7 (refer to *Key Decision Points* document, May 10)
	EVALUATION PLAN		
Central Co.	Conduct broad evaluation of the initiative.	◆	See I.2 (refer to *Key Decision Points* document, May 10)
Central Co.	Conduct realistic evaluation based on funds allocated and provider capacity to collect and track data.	◆	See I.1 (refer to *Key Decision Points* document, May 10)
	CALL TO ACTION		
Spanish	Involve business for funding support.	✔	
Spanish	Work as a community for the development of the future.	✔	
Spanish	Parents are the first teachers for children.	✔	
Spanish	Latin community must make their needs and issues heard and work hard.	◆	
Spanish	This is an opportunity to help each other without discriminating.	◆	
Spanish	Have parents more involved with providers and the whole community to share their views.	✔	
Spanish	The business community should also support the community.	✔	
Spanish	More political and business community involvement in these issues	✔	

Key to "Response" Symbols:

✔ Already addressed in plan **0** Not addressed in plan ◆ General comment or statement of support ☛ Beyond the scope of Prop. 10

Central Co.	Integrate people, services and businesses to create community awareness and action. The community must support the ECDC and Commission to make it happen.	◆	
	OTHER ISSUES		
Spanish	Increase parent involvement in this Proposition and similar efforts.	◆	See G.2 (refer to *Key Decision Points* document, May 10)
Central Co.	Add African American representation to Commission.	◆	See G.1 (refer to *Key Decision Points* document, May 10)
Spanish	It is sad that the Latin community is not in attendance; provide more advertising for these events.	◆	
Spanish	More available funding and support for Spanish-speaking community	◆	
Spanish	Another proposition to help adolescents and teens with similar funding and support	☛	
Central Co.	Developmental Assets are key. They establish a common language among groups. Commissioners and staff should learn them and use them. Messages should be consistent and redundant.	◆	See G.3 (refer to *Key Decision Points* document, May 10)

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